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ORIGINAL ARTICLES

RHEUMATIC AND GOUTY AFFECTIONS OF THE EYE.

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Since the terms rheumatism and gout were first used they have been confused and used more or less loosely. They are often used interchangeably, but more frequently, I think, at the present time, is the term rheumatism employed to designate certain symptoms, or groups of symptoms, which would more accurately be designated gout. The manifestations of gout to which I allude are called "atypical gout" by systematic writers. Since the affections in question appear to us irregular or atypical, if gout, and are almost universally called rheumatism by the laity, it becomes necessary for me to specify the distinctions which appear legitimate in the light of modern research.

Clients tell me almost daily they have had rheumatism, but very rarely indeed has any one told me that he has had the gout. Most authorities now agree that rheumatism is an infectious disease caused by a microorganism. Opinion is not altogether in accord as to the germ. The staphylococcus of Hermann Sahli, formerly mentioned in this connection, is now discredited, and a streptococcus is held accountable instead.

In studying the bacteriology of this subject I find that, in the last ten years, opinion has gradually crystallized upon a germ which is commonly called a streptococcus by German scientists and a diplococcus by Englishmen. A fair compromise, in terminology at least, is "micrococcus rheumaticus" as proposed by Beaton and Walker. This micrococcus was first described by a Frenchman, Triboulet, about ten years ago, and by a German, Wasserman, a year or so later. Paine and Poynton and Beaton and Walker then gave the matter their distinguished attention and

endorsement. It is explained that this germ resembles an ordinary streptococcus culturely but differs somewhat specifically from it. Remembering that there are about five hundred varieties of streptococci it can be readily seen how it might resemble some and differ from others. The micrococcus rheumaticus has been held responsible for acute rheumatic fever, chronic articular rheumatism, muscular rheumatism and gout. Whether these varying manifestations follow varying moods in the germ does not appear.

I believe that acute rheumatism may be correctly regarded as an infection and perhaps chronic articular and muscular rheumatism also, but these latter are not so definite. Of course this only concerns the ultimate cause. We must not lost sight of certain predisposing causes such as exposure to cold and damp, poor nutrition, over-work, fatigue, change of season, etc.

Gout, on the other hand, is generally considered to be a disorder of metabolism. The uric acid theory is widely but not universally accepted. Tyson says, "Gout is an acute and chronic constitutional affection, due to an abnormal accumulation of uric acid in the blood and tissues, causing various symptoms." Unfortunately this is largely theory, and much elucidation is still necessary, for uric acid has not yet been shown to be capable of producing gout when injected intravenously, or even to be toxic when thus used. Still, it is established that the phases of gout accompany the accumulation of uric acid in the blood whether wholly or partly due to it or not, or due to some other toxic principle present as a result of the diseased condition which it marks.

According to Bull, uric acid, coming as it does from the neucleoproteids, has two sources in the economy; first, from neucleins in food; second, from neucleins in cellular tissue through perverted metabolism. The latter only is increased in gouty individuals. A somewhat plausible theory is the production of toxæmia from the absorption of toxins from the intestinal tract where they are created by fermentative processes. The severe exactions of modern civilized life with its excitement and confinement and resulting impaired metabolism, imperfect elimination, and resulting toxæmia, eventuate in lithæmia or gout.

Of this large and intricate subject I merely wish to ask you to recall the predilection of rheumatism and gout for synovial membranes and the fibrous structures about articulations; and that neither rheumatism nor gout slight entirely the fibrous structures found in the orbital region, such as the sclera, the capsule of Tenon, and the tendonous and ligamentous tissues found here. Acute rheumatism but rarely causes serious trouble in any ocular tissue but chronic rheumatism and gout rather frequently affect the eye and I believe it is correct to say that almost none of the ocular tissues are entirely exempt from possible involvement.

A sufficient number of cases have now been reported to establish the fact that the lids with their glands and marginal structures, the conjunctiva, the muscles, the capsule of Tenon, the sclera, the cornea, the

iris, the choroid, the ciliary body, the retina and the optic nerve are occasionally attacked by one or other of these painful and insidious maladies. Paine and Poynton of London "in rheumatic fever, isolated from the cardiac valves, pericardial exudation, and rheumatic nodules after death, and from the blood, tonsils, synovial fluid, and urine during life, a minute diplococcus. This can be cultivated outside the body. * * * It will produce identical lesions in rabbits and the microorganism can be demonstrated in these lesions. * * * "In two instances iridocyclitis has occurred in rabbits as a result of the intravenous injection of the organism into the auricular vein." In both cases Paine and Poynton found iridocyclitis with plastic exudation and in the anterior chamber a cloudy fluid which contained a few leucocytes and which teemed with the diplococcus. A culture from this fluid injected into another rabbit produced chronic arthritis.

Here is at once a concise experimental demonstration of the microorganismal origin of acute rheumatism and a true rheumatic iridocyclitis. Those clinicians who have long claimed for rheumatic fever a place among the infectious diseases are thus vindicated and rheumatism becomes one of that group of micrococcal diseases which includes the pneumococcal, gonococcal, staphylococcal and streptococcal affections. All are characterized by many lesions and each possesses a distinct individuality of its own.

Gonorrhœa and pneumonia may be regarded as diseases allied to acute rheumatism. The gonococcus and pneumococcus are known to frequently and virulently attack the eye. Conjunctivitis and iritis are the forms chiefly assumed. My contention is that any of the cocci I have mentioned may cause conjunctivitis, iritis, iridocyclitis and some of them even destructive suppurative panophthalmitis.

Wright in his report of rheumatism of the extraocular muscles states that the tendons of the muscles are liable to attack, and that extensive swelling is thus produced; this swelling, however, is not nodular but rather of a raised, flat character. The appearance resembles scleritis or episcleritis. The affection yields rapidly to antirheumatic treatment and usually disappears with the disease of which it is an intercurrent complication.

I now come to speak of the relation of chronic rheumatism to the eye. About 30 per cent. of all iritides are estimated to be of rheumatic origin. In numerous cases the personal history reveals attacks of chronic articular rheumatism. One needs to heed the patient's recital of attacks of lumbago, sciatica, neuralgia, torticollis, erythema, or arthritis. These poor sufferers are remarkably susceptible to the influence of cold and damp and it is in winter and spring that they are most affected. In one group of cases the iritis alternates with the rheumatism, i. e., when the eye is attacked, the joints are free, and vice versa. In another group of cases the iritis comes on only with the rheumatism and recurs regularly with it. One or both eyes may be affected and it is no exaggeration to say that

recurrent iritis is nearly always due to rheumatism. Typical cases have, of course, the usual symptoms of iritis, viz., pain, which is very likely to be paroxysmal, photophobia, lacrymation, and ciliary redness. The pain has the tendency to radiate through the head and may become very severe. There is but slight tendency to exudation of lymph and the formation of synechiæ. When synechiæ do occur they are generally small and easily broken up. There is less likelihood than in syphilitic iritis for fine opacities to appear on the cornea and there is less tendency to the occurrence of hypopyon or hyphæma.

Brailey and Stevenson have described two subgroups; in the first, or neuralgic subgroup, the pain possesses a horrible violence and radiates through the various branches of the fifth nerve with a pertinacity worthy of a better cause. The second subgroup consists of those cases caused apparently directly by exposure to cold. The peculiarity here is that the attack may be brief, even of a few hours duration only, and then recur every time a similar exposure is experienced. Care needs be taken to differentiate between these and syphilitic cases.

The kindredship of micrococcal affections, alluded to above, is further evidenced to the thoughtful mind by the ocular diseases which arise from gonorrhœal rheumatism as well as from common rheumatism. I do not now refer to the purulent conjunctivitis which results from direct inoculation of the gonococcus into the conjunctiva but to the involvment of the deeper structures of the eye due to the presence of the germ in the general system and producing gonorrhœal arthritis, inflammation of different faciæ, as the plantar or palmar, and even painful affections of certain peripheral nerves, as sciatica.

In the eye the condition evolved is almost regularly an iritis or iridocyclitis of a serous type with the usual symptomatic phenomena attending serous cyclitis in general, i. e., dotted opacities deposited upon the inner surface of the cornea, fine opacities in the vitreous and a very limited exudation of lymph about the iris. The attendant pain, photophobia and lacrymation are rather mild. The type of the disease, like all serous iritides of no matter what source, is essentially slow, chronic, relapsing and recurrent.

In some cases there is a peculiarly regular sequence of events; first gonorrhea, then arthritis and last, iritis. In other cases there is a surprising alternation between the gonorrheal rheumatism and gonorrheal iritis, the transition from one to the other locus being astonishingly swift; the disease fairly flying from joint to eye and vice versa. It is singular that the individuals thus afflicted are almost invariably rheumatic, independent of gonorrheal rheumatism, and here again we are at a loss to know how much to attribute to the gonococcus and how much to the micrococcus rheumaticus, or how much to the combined action of both.

I wish to mention very briefly the effect of rheumatism and gout upon all the different ocular tissues, as some are prone to be overlooked,

but especially do I wish to emphasize and describe certain fundal conditions, some of which are common enough and others rather rare.

Shoemaker quotes Kalish as authority for stating that rheumatism is one cause of chalazia, hordeola and marginal blephritis. When of rheumatic origin they recur frequently and the inflammation and pain are generally disproportionate. According to Wagenmann chalazia are sometimes caused by gout. I have recently treated, and cured with sodium salicylate, a case of conjunctivitis, evidently gouty, in a bartender. The eye was excessively red, but little swollen, little painful, there was almost no secretion, slight photophobia and slight lacrymation and slight loss of function. His free libations were curtailed and recovery was complete in about a week. Conjunctivitis from this source assumes protean forms. Swan M. Burnett has described a most slow and tedious gouty conjunctivitis. Hutchinson has mentioned a gouty conjunctivitis which is hot and itching and is sometimes associated with episcleral congestion. Kalish has described a gouty, circumscribed, bulbar conjunctivitis. It frequently attacks the nasal side only. It comes on suddenly and causes a watery discharge which never becomes purulent or mucopurulent. It it liable to be mistaken for episcleritis. Another form is limited to the conjunctiva over one of the ocular muscles and simulates scleritis but can be differentiated from it.

Bilateral rheumatic inflammation of the lacrymal glands has been observed by Miller and was evidently of the gonorrheal, rheumatic variety. I will only mention, without describing, the ordinary scleritis and episcleritis, and partial, fugatious episcleritis, of rheumatic and gouty origin. The scleritis may be deep or superficial, or it may be a sclerosing keratitis or, a sclerokeratoiritis, both of which are very serious and very dangerous diseases. Tenonitis is very rare but when it does occur such able observers as Noyes and Bull agree that it is always rheumatic or gouty. The symptomatology is especially interesting but I have not space to enter upon it here.

Rheumatic ocular myositis is rare but its occurrence may now be considered established since cases have been reported by Gleason, Landolt and Landesberg. The symptoms must necessarily vary according to the violence of the attack and it should be born in mind that, aside from cases which show active inflammation, with redness, swelling and pain, there are cases, according to De Schweinitz, in which the leading symptom is paralysis or paresis. In these latter cases diplopia, dizziness and confused vision are the diagnostic signs. The intrinsic muscles may be affected similarly and then failure of the accommodation occurs. I believe that as a general rule ocular, muscular affections of the kind in question, coming on in young adults, can be safely said to be due either to rheumatism or to syphilis.

The occurrence of rheumatic cellulitis and osteitis of the orbit is debatable, but Swanzy is authority for the statement that rheumatic periostitis occurs in a chronic form without a tendency to suppuration.

Of inflammations of the optic nerve it is only in acute retrobulbar optic neuritis that rheumatism can be cited as a cause. Deyl, Elsnig and Shoemaker agree that it is the most frequent cause. The ophthalmoscope assists but little in making the diagnosis and the intuition of the diagnostician must chiefly be depended upon.

The relation between rheumatism and gout and glaucoma is not clear, but Nettleship and Priestly Smith both regard rheumatism and gout as causative of glaucoma, although Nettleship thinks gout rather more so. As to cataract I can only say that rheumatic and gouty subjects have cataract as well as other people but I believe it has not yet been shown at all conclusively that either rheumatism or gout are directly causative.

The fundal changes comprise retinitis, chorio-retinitis, and disseminated choroiditis. Following choroiditis iritis sometimes develops and a general uveitis supervenes. I wish to lay special stress upon the importance of angiosclerosis in this connection. Bull announces his conviction, after prolonged observation, that the vascular lesions found in the eye in these conditions are not directly attributable to gout but that both these and gout are the result of the faulty nitrogenous products of metabolism. In the chronically lithaemic condition in which there is a constant increased blood pressure a compensatory growth occurs in the blood vessels; this is later followed by a degenerative process. The stage of growth or fibrous construction is commonly called angiofibrosis and the following stage of degeneration, angiosclerosis.

In the eye angiosclerosis causes a characteristic conjunctivitis and, rarely, a diffuse oedema of the lids, but the deeper lesions of the uvea are of much greater frequency and much graver importance since they impair vision and may possibly lead to blindness from macular changes, cataract, or optic atrophy.

The capillary meshwork of the choroid is the finest in the body and here the blood current is very slow and the vessel walls are more exposed to the action of toxic principles than is perhaps elsewhere the case. Larger or smaller areas of reddish yellow exudation occur in the choroid and retina. At first there is swelling and later atrophy, so that eventually the white sclera can be seen. The area has a black pigmented border. As the retina becomes involved the vision becomes impaired. The "silver wire" artery tells us of changes in the vessel wall. While all three coats are thickened the greatest increase is in the intima and consists of a hyaline deposit. The adventia is also much thickened and here the change is a grandular one. The veins become very wide and tortuous, the arteries very narrow even to obliteration. They may look beaded at places, or aneurysmal dilitations may occur. Hemorrhages are frequent. These are liniar or flame shaped. An arterial pulse is often visible. In addition to numerous small retinal hemorrhages of a liniar or flame-shaped character, hemorrhages into the vitreous also occur. The optic nerve is liable to be simultaneously or consecutively involved with resultant optic atrophy. The nerve fibers in the retina and nerve

tend to become dropsical and the spaces between them are filled with a fine granular material. The oedema of the retina and nerve makes the disk outline look blurred and the fundal picture may possibly for a time resemble choked disk.

Otto, in 1901, first called attention to a circumscribed optic atrophy due to angiosclerosis of the internal carotid and ophthalmic arteries. The thickening and induration of the vessel walls impinged upon the nerve and caused so much pressure that atrophy of the nerve resulted. This process is evidenced by the occurrence of an atypical scotoma in the visual field which will assist in the diagnosis.

This subject is too large to be considered here in all its details. My object has been merely to call attention to some rarer and some more interesting points connected with it. The therapy contains nothing new to ocular therapeutics not already entirely familiar to all or to the treatment of gout and rheumatism in general so that it would be supererogation for me to attempt to discuss it.

INTERPRETATION AND TREATMENT OF HEADACHE.*

By W. A. Clark, M. D., Jefferson City, Mo.

A condition of pain in the head is one of the most common subjective symptoms presented to the physician by those who come seeking relief. I know of no symptom found in so many diseases which is so ignored and misrepresented as headache. It is found preceding, or some time during the progress of almost every disease to which human flesh is heir, whether the disorder be acute or chronic; and very frequently it is the only symptom of which complaint is made. It causes more aggregate suffering than those affections which lead to capital operations. There are none of us whose heads do not occasionally ache. I presume it has always been so. In *Romeo and Juliet,* the old nurse says:

"What a head have I; Lord how it aches; it beats as it would fall in twenty pieces."

And, again, Othello tells Desdemona:

"I have a pain upon my forehead here;"

to which she replies,

"Faith, that's with watching; 'twill away again; let me bind it hard; within the hour it will be well."

Notwithstanding the fact that it has always been an almost universal complaint, we do not know whether the pain is in the branches of the fifth nerve distributed to the dura, or whether it is caused by a disturbance of the circulation in the blood vessels of the brain; but we do know that the diagnosis of many obscure and rare troubles is easier than the true interpretation of an obscure cephalalgia.

The chronic sufferer from headache comes to the physician believing that somewhere in Gilead there is a balm whose magic properties will forever banish her pain if only she can find him who in his wisdom has discovered its potent virtues. She knows nothing of cause but expects some draught whole healing properties will cure her forever. The physician in his wider knowledge knows that her symptom may mean an organic lesion of the brain, that it may be caused by some reflex irritation, or some unbalance of the cerebral circulation; a forerunner of some fever, or a lesion in the kidney. He who listens to the patient's plaint suspects the stomach, gives a prescription for a stomachic or some coal tar product, pockets his fee and assures his patient that she will be relieved, is neither honest to his client nor wise to his own interests, and has done little more for her than she could do for herself

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with the widely advertised ten-cent package so freely dispensed at the corner drug store.

The cause of headache may be and often is outside of a disturbed digestion or a functionally inactive liver. It will be wiser in most instances to explain something of this to the patient and secure her coöperation in arriving at the true cause of the disorder. The trouble with our diagnosis is that we do not go far enough. It has been said that the general practitioner assigns the headache to some cause and the specialist to some organ within his own specialty. Both can usually show some cause why such a course might be rational, but in many cases neither has made a diagnosis sufficient to support the assertion.

The introduction of the aniline products to the pharmacopœia has given us easy means for the relief of most headaches. I presume most of the so-called cures are composed of some combination of these drugs. They are powerful remedies; powerful for good when properly used, and powerful for evil when indiscriminately dispensed. I am persuaded that the profession does not use them with sufficient care in the treatment of headache.

The subject is not to be passed over lightly, for he who would be able to properly interpret headaches will need to be not only well grounded in general medicine, but will also need a fair working knowledge of most of the specialties.

Probably more headaches are due to toxemia, or the retention within the system of certain poisonous materials in the blood, than to any other one cause. A toxemic headache may result from the immoderate use of alcohol of tobacco, or from the inhalation of poisonous gases. It results from the poisoning from lead, from certain drugs, from urea, uric acid accumulation, malaria, autointoxication from constipation, and less commonly from diabetes.

The headaches from the inhalation of poisonous gases should be treated by whatever method will most rapidly eliminate them from the system, most frequently an active purge. The headache of chronic lead-poisoning is dull in character and should be treated as other forms of lead poisoning.

The headache of uremia is familiar to the general practitioner. He will be led to suspect the condition from the heightened arterial tension, the fact that it is associated with dullness, stupor, a tendency to heavy sleep and more or less œdema. An examination of the urine as a routine practice will make the condition clear. It is best treated by the hot-air bath, the administration of digitalis and brisk purgatives. Many individuals of the gouty habit, without actual classical gout, but with a thousand and one erratic symptoms, are the subjects of headaches which disappear when a proper alteration of habits and diet is made, and when placed upon suitable remedies for the elimination of uric acid. Editors, lawyers, doctors, ministers and literary men generally, who spend long hours indoors and have little opportunity to bring into use their voluntary

muscles are subject to lithæmic headaches. For the relief of the paroxysm Haig, who has written extensively on the subject, from his own personal experience, recommends the application of mustard and the internal administration of nux vomica or the aromatic spirit of ammonia, and for the interval treatment a milk diet and salicylate of sodium to clear out the stores of uric acid. The headache of chronic malarial poisoning differs from the other varieties in its periodicity, and could only be confused with neuralgia of the fifth nerve, which may occur at the same hour on successive days. Quinine in sufficient doses with the addition of arsenic and iron when indicated will surely cure, although they will need to be given in larger doses than are required for an ordinary case of chills.

The headache of cerebral anemia, or anemic headache, may depend on a general poverty of the blood—a systemic anemia—or it may be the sequel of various excesses, either of mental or bodily effort. The typical form is seen in women who are neurasthenic and bloodless. It is observed in aortic stenosis and after prolonged emotional excitement. The pain is constant and of a dull, heavy, pressing character, rather than throbbing. Sometimes it is felt only for a part of the day, and if so it will likely be in the afternoon when fatigued, but as a rule it is constant. The sufferer from this form of cephalagia is timid, depressed, and has a dread of things that are not likely to happen. The digestive functions are deranged, the tongue coated, and there are the usual symptoms of gastric disorder. The pain is commonly referred to the vertex or forehead, but it may be over the entire head. Lowering the head is frequently palliative, though it is not always so. Hæmic murmurs are frequently heard over the heart. During an acute exacerbation of the pain an anemic headache will frequently give a flushed face and throbbing vessels, and if seen only at such a time may easily lead one into the error of thinking there is congestion rather than anæmia. On the contrary, cases of extreme anæmia are frequently met which are not accompanied by headache at all; so it seems that some disorder of the nervous elements, as well as a deficient supply of the blood, is necessary for its production. Caffeine will give the quickest relief from this form of headache, and is frequently of service while we are toning up the system along the classic lines laid down for the treatment of anæmia.

The headache of cerebral hyperæmia, or congestive headache, is seen most commonly in plethoric individuals past middle life, who are given to over-indulgence in food and drink. Anything that produces an excess of blood throughout the system, or that causes a mechanical disturbance to the circulation, predisposes to this variety. The pain is felt over the entire head, and is throbbing or bursting in character, the arteries are full and pulsating, and the veins swollen and tortuous. Frequently the pulsations in the temporal arteries may be seen at some distance. The head feels hot, the face is flushed, and the conjunctivæ injected. Raising the head relieves, and lowering aggravates the pain. In searching for the cause of this headache every organ in the body

where the blood pressure may be raised must be taken into consideration, especially the heart, kidneys and liver, and in women the menopause and catamenial periods must be thought of. Frequently acute febrile conditions, as, for instance, an attack of bronchitis, will cause a congestive headache, when every spasm of coughing will increase the pain many fold. One of the best known varieties, I dare say, is that which is felt in the morning after a too free indulgence the night previous. Persons who have suffered from a partial or complete sunstroke are prone to a recurrence of congestive headache on every return of the heated season. To relieve the immediate symptoms a brisk laxative for its revulsive effect, a hot mustard foot bath, the application of cold to the head, with aconite or some form of bromide, is the proper treatment. During the interval of the attacks we will endeavor to relieve the blood pressure and reduce the general plethora of the patient by appropriate diet and exercise and the interdiction of all stimulants.

Sympathetic or referred headache is one of the most puzzling varieties, because of the numerous causes that may produce it. It is a well known fact that slight errors of refraction, diseases of the ears or nasal passages, uterine disease or gastro-intestinal catarrh may cause prolonged and distressing head symptoms. It is important, therefore, if a superficial examination, that can be made by any general practitioner, shows the eyes to be imperfect, or if the pain is induced or made worse by their use, and if the pain is over the brow and forehead, or occipital, that the eyes be carefully examined, their defects, as far as possible, corrected by proper glassing and the patient placed in addition upon some form of rest treatment. So-called eye headaches are in many cases fatigue headaches, and mere correction by glasses does not always afford the promised relief, which is only obtained by giving the wearied organs and nervous system more or less prolonged rest. In cases of doubt, an examination by a competent oculist is a great satisfaction to the physician, but the number of patients who return from the oculists without glasses and a statement that the eyes are not at fault are not as numerous as the fabled leaves of Valambrosa, while those who after a few weeks' or months' absence return with glasses, still complaining of their headache, and with their tempers disturbed at the extra and to them unnecessary expense to which they have been subjected, are somewhat numerous. Still it is far better that the errors of refraction be corrected, however slight, regardless of whether it relieves the head or not. It is a well known fact that abnormal conditions within the pelvis will cause a referred headache. I know of no such thing as a uterine headache *per se,* meaning by that term a headache pertaining to any certain uterine ailment. The pain in the head from uterine disease is occipital or vertical, and pressure will give temporary relief. Given a vertex headache in a woman, which pressure relieves, it is rational to suspect the uterus or ovaries; yet it is not well to promise too confidently that the replacement of a deviated uterus, or the removal of diseased ovaries, will cure, for it sometimes does not. Anything that will cause a distension

of the sinuses of the nose, thus causing intranasal pressure, will cause reflex headache, referred to the forehead, temples or vertex. In this condition a hint may be obtained if we remember that the inner orbital wall and eye-ball are sensitive to pressure, and that artificial stimulation of the nasal chambers causes aggravation of the head symptom. Pain in the head from gastric irritability is dull and heavy and usually frontal. It is frequently accompanied by disturbances of vision, dizziness, sometimes nausea and vomiting and other symptoms of gastric catarrh. An emetic or a brisk saline laxative will often afford prompt relief, after which small doses of sodium bromide will be in order.

Migraine is a type of headache so distinctive in its phenomena as to be easily recognized, and the diagnosis will generally offer no difficulty. The attacks of sick headache are periodical, coming once a week, once a month, or less frequently. The pain is usually manifest in the first division of the fifth nerve as a small sore spot which rapidly increases until it spreads over one side of the head hence the name hemicrania. Soon after the onset of the pain, nausea and vomiting or intense retching come on; the pain reaches its intensity in from three to five hours, sometimes associated with spasm of the muscles of the affected side. The attack lasts from six to twenty-four hours, leaving the patient in a weakened condition from which it takes him several days to recover his accustomed vigor. A hypodermic of morphine relieves the paroxysm promptly, but must usually be avoided for fear of drug addiction, and also on account of the depression and digestive disturbances which follow its use. The aniline products have largely superceded all other drugs for this purpose, and are efficient. The patient should always lie down for a time after their administration. If this is impossible it is safer to rely upon some drug less powerfully depressant, as, for instance, caffeine or bromide. In the interval of the attack every case should be carefully investigated to discover if possible the causal condition. Digestive disturbances, eye-strain, mental and physical fatigue, affections of the nose, and menstrual disorders seem to be exciting causes, but in fully as many cases nothing can be found to account for the trouble. The administration of cannabis indica in increasing doses, and for a long time, is highly recommended, but the preparations are, unfortunately, of uncertain strength.

Headache, the result of gross lesions of the brain, or of the vessels or membranes of the brain, is classed as organic. It is observed in meningitis, cerebral softening, abscess, brain tumors, etc. This variety must be recognized by its persistent character, and the associated symptoms of the primary disease, such as optic neuritis, mental aberration, facial paralysis and vomiting without discoverable cause. Syphilitic headache will be diagnosed by the luetic lesions, its somnolent character and the magical effect of anti-syphilitic remedies. It is not to be forgotten, however, that some cases presenting most of the symptoms of periodic headache are really dependent on organic lesions, and furthermore it must be remembered that antiluetic remedies frequently afford

temporary relief in organic cases that are not of specific origin. In cases where there is doubt an examination of the eyes by disclosing an optic neuritis or a swollen disc will frequently clear up the diagnosis. The treatment, of course, is that of the underlying cause. Frequently everything fails except morphine, which unfortunately is dangerous to use. We might have good hope of recognizing this variety when found were it not for the fact that we occasionally meet with a headache in healthy young people whose lives and family history preclude any suspicion of luetic taint, and whose subsequent history refutes any suspicion of lesions of the brain substance, who have a persistent, excruciating headache, which quiet and rest do not relieve, and which is not affected by aperients. The patient rises with it in the morning and it lasts till night, and if he wakes in the night it still aches. The head is not tender, there is no vomiting nor ocular symptoms. It is not migraine, for the patient may have attacks of migraine superadded. It occurs in men as well as women, mostly in young adults. Possibly as good a name as any is constant headache. The treatment of the affection at best is unsatisfactory. Change of scene and travel are beneficial in some cases. Bichloride of mercury in minute doses is said to do good, as also the continuous administration of cannabis indica. Several surgeons have trephined the skull for its relief, with reported good results. We know nothing definite as to its cause.

Persons who suffer from neurasthenia are subject to headache varying from a mere source of discomfort to a severe blinding pain. In hysteria we have a characteristic variety, known as the clavus hystericus. For the treatment of these we must give our first attention to the general condition of the patient, as we can do little more than give temporary relief until the general run-down condition of the nervous system has been corrected, which will be most often accomplished by some form of rest cure. Neuralgias, resulting from exposure to wet or cold, frequently give a severe headache extending over the entire scalp and in these we may expect the best results from the coal tar products which it will be well to combine with salol or sodium salicylate. Occasionally we will meet with a rheumatic condition of the aponeurosis of the occipetofrontalis or temporal muscles, the pain characterized by intense severity, extending into the jaws and teeth, in which we will get good results from iodide of potassium, salicylate of soda or colchicum.

Children are far more subject to headaches than is generally supposed, and a close observance will enable us to detect many of the varieties of adults in those of tender years. A noted French professor once said that were he examining candidates for graduation and should ask for a cure for chronic headache, and the pupil did not mention iodide of potash he would put him back six months and give him time to think the matter over. This is probably an extreme view, but illustrates the idea intended to be conveyed by this paper, viz: that we should give more attention to discovering and removing the underlying causes of this exceedingly disagreeable trouble, rather than to palliative measures.

THE GENERAL PRACTITIONER IN THE COUNTRY.*

By George R. Highsmith, M. D., of Carrollton, Mo.

I have a friend living in a nice country town of about six thousand inhabitants, who is proud to be known as a general practitioner. I made his acquaintance at medical college. He was one of the few members of the class who had received a college education before beginning the study of medicine.

As a young man he was a fine looker, six feet tall, a fair skin, dark hair and eyes, and carried a dignified air. We all liked him and predicted he would be a successful practitioner. He was a favorite with the younger members of the faculty, always answered promptly and correctly at the quiz; but when we visited him at his room he was apt to be found with a book of poetry, fiction, or a work on general literature, rather than a medical text book in his hands. He explained that the young doctor who began his medical career with little knowledge outside of the medical text books would be rightfully regarded as knowing but little medicine. "It is the all 'round man who succeeds best, in medicine as elsewhere,—the physician who is thoroughly informed in his own work, and who knows, besides, something regarding the things which are of vital interest to others," he would say.

I made a visit to him several years ago, an account of which was read at a meeting of "The Western Surgical and Gynecological Association" at Omaha in 1898. This paper was entitled "A Day in the Country With a General Practitioner." It was published in the *Journal A. M. A.*, and was well received by the profession.

I have thought that some more literature along this line might be of interest, especially as the general practitioner is becoming quite scarce, even in the rural districts. I have had the matter in contemplation for several years, but have been very busy and have had but little time for the preparation of papers to be read at medical societies.

My idea is that these papers should endeavor to picture the life of the general practitioner in the country; to indicate the nature of the cases he has to deal with, especially those possessing unusual features; what he does for the patient, and how he does it. They should show the relation of the country practitioner to his environments; education, the church, morals, and social affairs in the community. On the special occasion which I desire to detail in this paper, we had met at the State Association, and as it was on my way home my friend insisted upon my visiting him for a few days. Being a bachelor, and having at home, no "eye to mark my coming and grow brighter when I come," I readily accepted the invitation.

*The manuscript of this paper was received several weeks before the death of Dr. Highsmith.—Ed.

I want to say in this connection that my observation indicates that the single man seems to need more relaxation from the daily hum-drum of the practice of medicine than does the married man. I spoke to my friend about it and he offered this explanation: "The married man whose domestic relations are pleasant, has an infinite source of relaxation by intercourse with his family at the daily meals and around the hearth-stone in the evening." To quote the language of Washington Irving: "His spirits are soothed and relieved by domestic endearments, and his self-respect kept alive by finding, that though all abroad is darkness and humiliation, yet there is still a little world of love at home, of which he is the monarch. Whereas, the single man is apt to run to waste and self-neglect; to fancy himself lonely and abandoned, and his heart to run to ruin, like some deserted mansion for want of an inhabitant."

> "The treasures of the deep are not so precious
> As are the concealed comforts of a man
> Locked up in woman's love."

Before we left the place of meeting, the doctor sent the following telegram to his wife:

"Will return at three p. m. Have office opened. Dr. B. accompanies me."

When we arrived at the office several patients were in the waiting room. Among them was noticeable a rather well dressed, intelligent appearing young man about twenty-two years of age.

This doctor keeps a number of folding screens about his office. He uses them to stretch across the corner of his consulting room for patients to retire behind to arrange the clothing for an examination when necessary. I took a seat behind one of these screens, that my known presence might not embarrass the patient, and that I might profit by overhearing the conversation between doctor and patient, and assist when necessary. The other patients were soon disposed of and the young man entered. He took a seat, cleared his throat several times. After waiting until the silence became almost painful, he said: "Doctor, can you keep a secret?" "Well, yes," said the doctor, "if it is a professional secret; otherwise you entrust it to me at your peril." "Well," said the young man, "I have a slate pencil in my bladder. Can you get it out?" "O, yes," said the doctor, "I can get it out." "How will you do it?" said the young man. After learning that he was a school teacher, living in an adjoining county, that the pencil was about two inches long, was worn oval at each end, that it had been in his bladder six days; that during the first four days he pursued his duties as a school teacher and suffered no inconvenience, but that during the last two days he suffered considerable pain, the doctor said: "The probability is that I will have to cut it out; in that event you will be laid up several weeks." "I want to notify my parents, but do not want them to know what is the matter with me. Can you arrange that?" said the young man. "O, yes," said

the doctor, "that will be easy." He then sat down to his typewriting machine and soon produced the following:

"Mr. E. Z. Fulhd,

Lucky Point, Mo.

Dear Sir:—Your son, Cracker Jack, is now in my office. I have just discovered that he has a stone in his bladder. The conditions are such that it will be necessary to perform an operation immediately, for its removal. I will operate to-morrow morning. It will be necessary to keep him very quiet for several days. I will notify you if it is necessary for any of the family to visit him. I am,

Very truly,

A. Smewth, M. D."

The young man read the letter and approved its contents. The doctor then said he would try an experiment which might possibly obviate the necessity of an operation. He procured a three-quart fountain syringe, filled it with a warm solution of boric acid, attached a large sized rubber catheter to the outflow pipe, hung the syringe about a foot higher than the patient's head, introduced the catheter in the bladder. "Now stand," said the doctor, "and let this run as long as you can hold a drop; when I remove the catheter strain as hard as you can."

In a few minutes the patient indicated that he could hold no more. The doctor very quickly removed the catheter. The stream started, but almost immediately stopped. The patient began to reel, fainted and fell into the doctor's arms. By my assistance we soon placed him on his belly upon the floor. He revived as soon as he reached the horizontal position, placed his finger on the perineum and gleefully: "Its coming; its coming," he shouted. Before the doctor could get a towel to catch the outflow the pencil shot out on the floor. The young man seized the ends between the thumb and forefinger of each hand, sprang to his feet, arched his arms above his head and proceeded to dance a very good imitation of the Highland fling. The doctor waited until the enthusiasm had somewhat subsided. He then examined the pencil to see that it was genuine. It measured exactly two inches. A deposit from the urine had begun to incrustate its surface, indicating that it might not have passed so easily if he had waited a little longer.

The patient then inquired as to the amount of the fee. "I think you ought to pay me about fifty dollars," said the doctor. "*Jewhillikins,* doctor; isn't that too much money to make in a few minutes?" "Maybe it is," said the doctor. "It won't be much trouble to put it back and perhaps you can get some one else to remove it cheaper." "No! No!" said the young man, "here's your money; I would not have it back there for all the gold between here and sunset." The doctor pocketed the fee, remarking as he did so: "A fool for luck; that experiment might be tried every day for a thousand years without so fortunate a result."

It was now about five o'clock p. m. and the doctor gave notice that by the time we could get home and remove the dust and travel stain from our clothing and countenance it would be the dinner hour. I want to remark that the doctor had grown grayer and somewhat stouter since my last visit. I called attention to this fact, and was notified that the same changes were observable as to myself. It is a curious fact that we note the changes in our friends but do not appreciate the fact that we ourselves grow old also. His wife had also grown a little gray and more matronly in appearance. The doctor had been away three days. The reception by his family indicated the affection and esteem in which he is held. The country practitioner holds so close a relation with the families with whom he is associated that he is able to understand and appreciate the affection which is born of mutual respect and confidence.

My reception was such as I had a right to expect from the wife of my dearest friend, who understands and appreciates our relations. The wife informed the husband in relation to parties who had called for him professionally in his absence, also that two hens had hatched and were ready for the brooding coop, that two others were ready to begin setting, detailed social and church gossip, etc., but in such a manner that I did not feel neglected.

Inasmuch as we had lost a good deal of sleep at the State meeting in our efforts to ascertain if Dr. Binnie and Dr. Fulton, of Kansas City, could play "high-five," we went to bed early and got up late the next morning.

When we arrived at the office we found a young woman awaiting the doctor's arrival. We entered through the consulting room. I took my position behind one of the screens and the young woman entered.

She sat quietly for some time. After heaving several sighs of considerable size she began to weep. "What's the matter, my child?" said the doctor. "O, doctor, I have missed my monthlies!" "How long?" said the doctor. "About three months," she replied. "Well, that's nothing to cry about," said the doctor. "But, doctor, I am afraid there is something awful the matter." "Do you feel sick?" "No, not particularly, except since yesterday I have had pain in my stomach at times, had some watery discharge, and I think I am bloated." "Get up on this chair," said the doctor. About this time I involuntarily sneezed. "What's that?" said the young woman. "O, that's Dr. B.; its all right; he went behind that screen to take a chew of tobacco; besides I wanted him to hear what we said to each other. The reason why I wanted some one to be present and hear what we said, is that I saw you come out of Dr. R.'s stairway yesterday afternoon as I came up from the depot. You have been doing wrong. I want you to tell me the truth. Did you go to Dr. R. to have some operation performed to bring you around?" "Yes, I did. O, doctor, I wish I was dead. Can you save me? I do not want to die in my sins." "Get up on this chair and I will investigate." After making a thorough examination the doctor said: "You are about

to miscarry. You will have to go home and tell your mother all about it. If you have severe pain, or hemorrhage, or a chill send for me, and I will perhaps be able to save you. Now be sure to make a clean breast of the whole matter to your mother, and be prompt to send for the doctor if either of those three things happen."

After she had gone the doctor said: "I smelt a rat when I saw her in Dr. R.'s stairway. He is a red-handed assassin. He introduces a probe in the womb and sends the patient home with directions to send for her family physician when the trouble comes on. He gives her special directions not to mention his name in connection with the case. They seldom do mention it. I have known several to die with the secret locked up in their breasts.

"In this case I found a discharge from the os with a slight odor. I swabbed out the vagina, applied a tampon of aseptic gauze, put a pad over this and held it in place with a T bandage. She will probably want me early in the morning, although I have known a case to go a whole week after the old doctor had operated on it. He gets from two to fifty dollars for each case. This is a good girl. I have known her for about twenty years. If she gets out of this trouble without it becoming known in the neighborhood she may be a good woman from now on."

The telephone rang: "A call to go thirteen miles in the country to operate on a case of obstruction of the bowels, the message says."

The doctor procured a hatchet, a cold chisel, and an old satchel and put them in the buggy. "What is that for?" I said. "We have a long drive to make and I will explain as we go," said the doctor. A good deal of the way was through long lanes with corn fields and wheat fields alternating on each side of the road. This was early in June and the wheat was almost ready to head and the corn was just beginning to show the long rows across the fields. When we had well started the doctor said: "Well, now in reference to the hatchet and chisel. I am invited to deliver an address to the high school students next week. I am allowed to select my own subject. I am going to give them a talk on the subject of mosses and lichens. I am going to cut some chips with the bark on from the different saplings which we find along the streams which we pass on our way. We will pass a sand stone quarry on our return, and I will break off some pieces from the rocks which have been exposed to the sun and rain for the last several centuries. These chips and stones contain a great variety of lichens. I think I will be able to make the subject interesting to the students. We can examine these growths with a magnifying lens. I can call their attention to the great variety of vegetable life which is thus spread before our eyes every day; explain the growth and uses, call attention to the fact that there is great diversity of growth and uses of the apparently insignificant. You know there are several thousand different varieties of mosses and lichens, and the uses are various. Lectures of this kind give the student a taste for nature studies, and call their attention to little things which

they have but to open their eyes to observe. I find high school pupils take an interest in such things, and are eager to learn more and more. Last winter I gave a talk on the repair of blood vessels, caused by a suggestion from one of the pupils of the physiology class as to what became of the blood vessels when a limb was amputated. The discussion of this subject led to a thorough discussion of growth and repair in general, and did not end until the pupils had entered upon a thorough discussion of the subject of development."

We reached the home of the patient about noon. There were three doctors in attendance. Two were recent graduates, one of whom was in charge of the patient from the first. The third was a middle-aged practitioner. I shall refer to the three doctors in charge of the patient as the faculty and my friend as the general practitioner. The following history of the case was obtained. This was on Saturday morning. The man had been sick since one week ago this afternoon. The older member of the faculty seemed to act as spokesman, and seemed to have dictated the treatment since coming into the case so far as I could ascertain. The patient was about twenty-five years of age and according to the history as detailed to the general practitioner returned from town Saturday afternoon. His wife had baked some light bread and the man being quite hungry ate a whole loaf; soon after which he took a severe pain in the lower part of the abdomen on the right side; this was accompanied by diarrhea and vomiting. One of the younger members of the faculty was called and gave a dose of calomel. This gave but little relief; the diarrhea stopped but the pain and vomiting continued. The other younger member of the faculty was called, calomel and bismuth was given with the same results. On Monday morning the older member of the faculty was called.

They then began to give more active cathartic treatment. Calomel, castor oil and finally two drops of croton oil were given. Pain, vomiting and constipation continued and the temperature hung around in the neighborhood of 104°. On Friday afternoon they concluded an operation was necessary and the general practitioner was called Saturday morning. The older member of the faculty said he had noticed a swelling in the right inguinal region. He called attention to the fact that the swelling was about the size and shape of a loaf of bread. He gave it as his opinion that the loaf of bread had become impacted about the neighborhood of the ileocecal valve. The general practitioner wanted to know if the patient swallowed the loaf of bread whole. We now retired to the shade of a large elm tree near the house to discuss the case. After the treatment had been gone over and an estimate made that the patient had taken about one hundred and sixty grains of calomel, a quart of castor oil and two drops of croton oil, all of which seemed to have been vomited, the general practitioner remarked: "The Lord has certainly been good to you, gentlemen. This man's constant vomiting has certainly kept you from killing him." "Well," said the older member of the faculty, "I

have always noticed that the patient gets better as soon as the bowels move." "No," said the general practitioner, "you have always observed that when the patient gets better the bowels move. You might as well try to butt down this elm tree with you head as to move the bowels by the course of treatment you have pursued in this case. This is a case of appendicitis. The first thing nature does in a case of this kind is to build a wall around the seat of the trouble. This is done by the throwing out of inflammatory material which glues the tissues together. This constitutes the tumor we find in this case and in every case of appendicitis. The formation of this tumor involves the appendix and all the contiguous structures.

"The bowels do not move, because peristalsis is prevented by the glueing together of everything in the neighborhood. An effort to move the bowels by giving cathartics interferes with the building of this wall and if the wall is already built has a tendency to break it down and allow the inflammation to extend. There is always a tendency for an inflammation to extend throughout the entire limit of the structure in which it begins unless nature interposes some obstacle. There would be a disposition for an inflammation beginning in the appendix to extend throughout the whole peritoneum if it were not for the adhesions taking place, limiting the inflammation. Now son," this to the young man who first had charge of the case; "you go in the house and give the patient a half grain of morphine, by hypodermic, and when you come back we will continue the discussion." "All right," said the young doctor. "I am awfully glad to give something to relieve his pain; but I want to hear all the general practitioner has to say, so wait."

When the young member of the faculty had returned, the general practitioner continued: "In this case the adhesive inflammation limits the trouble to that neighborhood. I would not operate on this case at the present time, because we are not sure that the inflammatory process has stopped. The giving of the cathartics may have done some harm, and the vomiting may have not allowed the adhesions to form properly. If this case had been operated upon within the first twenty-four hours and everything removed and the neighborhood thoroughly cleaned out the patient would have been almost well by this time. Another thing, if the adhesive inflammation *has* limited the process, an operation might re-light the inflammation in the peritoneum and there is no telling where it would end. The patient would probably die in a few days. Now as to the treatment in this case; we will begin as if we had been called to the case to-day and found the patient in his present condition. It may be that the patient has suffered no harm from the present treatment. The first thing to do in this case is to give the patient rest, relieve pain. This is to be done by hypodermics of morphine. In addition to hypodermics apply hot fomentations to the abdomen, especially on the right side, but it is well to allow them to extend over the whole of the abdomen.

"I usually use flax seed meal poultices as hot as can be borne. Have one ready to apply as soon as the first is removed, never allowing the abdomen to come in contact with the cold air. In addition I would use hot enemas. I would begin by the introduction of a small quantity. This should be retained as long as possible. You are to remember that you are not using the enemas to move the bowels, in fact you do not desire to move the bowels. You are to remember that the bowels will move of their own accord as soon as the inflammation has sufficiently subsided to release the adhesions which held the tissues together forming the wall around the appendix. The reason you use the enemas is that you desire the hot water to come in contact with the seat of inflammation to act as a fomentation. These enemas should be repeated as often as every two to four hours, and when you find that they cause irritation they should be discontinued for a while. Now as to medicine outside of an occasional hypodermic of morphine, I am in the habit of prescribing something like this:

"℞ Hyd. Chlor. Mit.
Opii pulv. Squibb.
Ipecac pulv. āā gr. i. Mices.
Ft. Chart No. xx.

"Sig. One every one or two hours, dropped dry on the tongue and wash down with a teaspoonful of hot water.

"There is nothing better to relieve inflammation of the peritoneum than the pulverized opium, and I am old fashioned enough to believe there is something in the antiphlogistic effect of calomel. I would not allow anything to enter the stomach in the way of food or drink. The enemas will be sufficient to relieve thirst. The patient will not need nourishment. By refraining from taking food nausea and vomiting will be avoided.

"When the pain is entirely relieved, and the temperature gets down to normal and stays down for several days, it may be the proper thing to open an abscess. It may be that this case will give me an opportunity to illustrate my method of opening appendicular abscesses."

We stayed until after lunch. When we left the patient was feeling fine, had been sleeping, was in a gentle perspiration, the temperature had gone down to 101°, pain and vomiting had ceased.

I received a letter from the general practitioner two years after this event in which he said that the patient recovered without an abscess and no second attack had occurred.

We gathered our rocks and chips on our way home and reached town in time for dinner. After dinner we attended a wedding anniversary party at the parsonage. A china dinner set was presented to the preacher and wife and the doctor was master of ceremonies.

At a very early hour the next morning the doctor received a telephone message requesting his immediate attendance on the young lady whose acquaintance I had made at his office yesterday morning. The

young woman had a chill and was very sick. I accompanied the doctor, the drive was about eight miles. We were ushered into the room by the mother. The doctor said he would want some boiling water. While the mother was gone to prepare it the young woman informed us that she had not informed her mother as to the nature of the trouble. That she feared that her mother would inform the father and he was of an ungovernable temper and a stormy time would be sure to follow and the trouble would become known in the neighborhood, that she had sisters who would suffer from the disgrace; and that she preferred that her mother be not informed or if it was necessary the doctor inform her himself. The doctor promised to do the best he could in relation to the matter. When the mother returned with the hot water: "What is the matter with her doctor?" she inquired. "Well," said the doctor, "she has missed her monthlies about three months, there has been quite an accumulation in the womb; decomposition has begun and the womb will have to be emptied out, or it may result seriously." "Is it a dangerous operation?" said the mother." "Not very dangerous, but very painful," said the doctor. The patient was placed across the bed, the mother at the patient's head. The doctor sterilized a spiral curette, a pedicle forceps, a long jawed fenestrum forceps; a tenaculum forceps, and a Goodell's dilator, and a gauze packer and a speculum. He then called for a half dozen newspapers; several of these were placed on the bed under the patient's hips, several were placed on the carpet between the doctor and patient. The chamber was placed under the patient's hip and a long towel over her legs. I always use an ordinary chamber in a case of this kind, it is just as good and convenient in every way and everybody has one in the house. It obviates the necessity of the doctor carrying so many things with him. The bandage, pad and tampon which the doctor applied at his office yesterday morning was removed; the parts washed with soap and hot water, and a vaginal douche used. The doctor now introduced the speculum and the work begun. Fortunately there was sufficient dilatation to introduce the pedicle forceps. The fetus was brought down, seized by the fenestrum forceps and delivered in a few minutes. The patient had been warned that the pain would be almost killing, but that she must bear it and not make sufficient noise to arouse the neighborhood. The doctor now took the medium sized spiral curette in his hand. "The worst pain is to come," said the doctor. "O, lordy," was all the response from the patient.

The spiral curette was introduced and the placenta soon removed.

The curette was introduced several times until no debris came away. The doctor now attached the tenaculum forceps, gave it to me to steady the uterus until he filled it well with aseptic gauze. He now washed the vagina with sterilized water; the external genitals with soap and hot water; now removed the gauze from the uterus, used the second vaginal douche, and repacked the uterus with gauze. "Now I will let this packing

remain from twenty-four to forty-eight hours. I will then remove it and discharge the patient with directions to remain in bed a week."

"Now," to the mother, "you had better say to the neighbors, that the doctor says she has the grip. People will talk and some one might be unkind enough to mistake the character of the trouble if it were known that any kind of an operation were performed. I will come sometime to-morrow or next day and remove the tampon from the womb, use another vaginal douche and she will have nothing to do but get well."

While the mother had gone after some water to wash our hands and instruments, the doctor wrapped the fetus neatly in a newspaper, tied a string around it and placed it beside one of his grips on the floor.

We cleaned our hands and instruments. I took one grip, the doctor the other and the newspaper bundle. When we got to the buggy I noticed he carried nothing but the grip. "What did you do with the paper bundle?" I asked. "Stepped in the privy and dropped it into the vault," he said.

"I do not know whether the old lady suspicions the nature of the trouble or not. If she does I hope she will be discreet enough to say nothing. When a family finds out that you know about the skeleton in their closet your relations are never so cordial again. I have lost the patronage of several families which would have been very valuable to me, because I accidentally came in possession of secrets in such a way that they knew I knew. To illustrate: A single lady about twenty-three years old came to me to get a hair pin removed from her bladder. I found out that she had been in the habit of titillating the clitoris and that through some hook or crook it slipped into the bladder. I was fortunate enough to dilate the urethra and catch it with a pair of forceps and remove it after she had taken up almost a half day of my time in the office. I told her the charge would be twenty-five dollars, and that she could pay me when she could, a little at a time. She was a dressmaker and did not make much money. She seemed very grateful and well pleased with the arrangement. She married a wealthy farmer, a widower, before she had paid anything on the bill. I waited more than a year and she never came to see me. In the meantime she had a baby and another doctor was called to wait on her. I met her on the road one day and suggested that I ought to have something on my bill. She promised that she would try and manage so as to get some money that she would not have to account for to her husband and would pay me. Another year passed, another baby came and another doctor officiated. I met her when this second baby was about a year old at a neighbor's who had a sick wife. I had a good opportunity to talk with her as she rode in the buggy with me to her home. She told me on this occasion that she could never pay me. She told me that her husband furnished her with plenty of money, but that each accounted to the other for all the money each spent. 'If I paid you that much money,' she said, 'I would have to account for it. I could not have the courage to tell him what the bill

is for. You can better afford to lose it than I can to pay it under the circumstances. You want to know why I do not send for you in case of sickness. I do not want to see you because I am humiliated by the knowledge that you know the follies in which I indulged before I was married. I suppose that if I thought I was about to die and no one else could save me I might send for you. Am I afraid you will tell my husband about it? No. If you did I would deny owing you anything, and would swear, if necessary, that you never did anything for me. You have no way of proving the bill. You made the mistake of not requiring me to bring some one with me when I came to your office. I have lain awake many nights thinking over the matter and wishing I could find some way to pay you something. I do not think there is any way for you to get anything. So the matter had as well be dismissed.'"

This was Sunday morning. The doctor said: "We will not get to town in time for church, but if you want to hear some elegant music you can do so. Have you noticed that brown thrush which keeps flying from hedge to hedge ahead of us? and do you see that lone plum tree a quarter of a mile ahead?" I answered in the affirmative. "Well that thrush is the singer and that lone plum tree is the concert room. The thrush will keep ahead of us until it reaches a point a hundred yards beyond the plum tree. We will drive up to a point opposite the tree on the other side of the road. We will wait a few minutes and the bird will return to the tree and begin its song. Its mate has a nest at a point about one hundred yards beyond the tree. I have been watching this pair of birds for several years. About this time every year they build a nest and go through the same program every day for three weeks, until the eggs hatch. If I stop anywhere near this tree any time before noon and remain for half an hour the bird will come and sing its song from the tree. I do not know whether it sings at regular intervals all the day long, or whether it sings because I am listening, or whether it sings to entertain its mate, or whether it sings because it cannot choose but sing."

I saw a red-breast upon the wall,
And then I heard the truant's call
And cast a storm of earth and stone.
It flew and perched it far and lone
Above a rushing cataract,
Where never living thing had tracked,
Where mate, or man, or living thing
Could ever heed or hear it sing;
And there it sang its song of spring
As if a world were listening.
It sang because it could but sing,
Sweet bird, for it was born to sing.

■

THE CREDULITY OF THE LAY MIND, AN ASSET OF THE FAKE DOCTOR AND CERTAIN PROPRIETARY CONCERNS.*

By H. E. Kirkpatrick, M. D., of Dalton, Mo.

The mysticism of the ages has come down to the present progressive age. How many, while laughing to scorn the idea, have an uncanny feeling if they leave the house and forget something for which they must return! How many intelligent and educated people plant their crops at certain seasons of the moon, and how many ladies, who lend assistance to the maintenance of families by making their own soap, think that soap can be made successfully only in the light of the moon!

But chiefly in the treatment of physical ills do we find in the lay mind a crude cropping out of the ancient ideas which are little in advance of the charms and incantations of that time. This can not be laid up to the condition of the sick man's mind. Most of this crops out in the other members of the family and in the solicitations of officious but well-meaning neighbors who each have a remedy for every disease which, to them, is the same as was cured in their own or neighbor's family. Thus, in many cases, the patient is over-doctored before the physician sees him. In this connection, let us hope he is not over-doctored afterward.

This officious meddling is seen in its most nauseating form in educated people, who, from their position or profession, wield a great influence upon those who look up to them. To the physician many of their suggestions are just as crude and possibly less rational than those offered by the old negro aunty in the cabin. Many preachers, many lawyers, many men and women of rank and distinction are guilty of this. We see their names in print extolling the virtues of this, that, or the other nostrum which they have used in their families. True, a great deal of this can be traced to the man who makes a business of obtaining recommendations; some, to bribery; and a great deal is given in good faith, and in ignorance of the properties of what is recommended.

Ignorance of physical laws and disease, and of rational therapeutic measures, added to an inherent cropping out in our natures of the ancient mysticisms, seems to be the crux of the trouble. The credulity of the public mind in these matters is amazing and widespread. Men of good business judgment and sound common sense in most matters, betray a strange lack of common sense in matters medical. For example, the child, sick with whooping cough, is served stewed crow, as

*Read before the Chariton County Medical Society, December 10, 1908.

though poor humanity did not have to "eat crow" soon enough without being forced to it in infancy, and that, too, when sick and in no condition to resist. Sheep-pill tea is conscientiously given to bring out the measles, and cobwebs and soot stuffed into a fresh, bleeding wound, already washed as surgically clean as possible by the flow, which a little pressure with a clean pad of cloth would stop nicely and put on the road to recovery, or keep in good condition until the doctor is seen. You can add to these examples in your own minds. People must do something, and are surprised when the doctor abstains from putting a germ-containing ointment on a clean wound.

So much for the credulity of people. Let us examine into the credulity of a number of the medical profession. Shall we call it credulity? I believe it to be such in many cases. Shall we call it ignorance of therapeutics and disinclination to apply themselves to a study of the action of drugs and to a study of the pathological states on which alone can be based rational measures? This may be true in some cases. How easy to write the name of a ready-made mixture, for example, one which is extolled and flaunted before our eyes as being "the most efficient agent yet discovered for all dropsical conditions from whatever cause." How securely the physician can rest at night! He does not know the ingredients of the medicine he has administered, therefore he does not have to conjure up in his mind any injurious effects which it may have, neither is it necessary to study the pathological cause of that dropsy, but he can rest secure in the fact that it will disappear, as if by magic, because somebody who has something to sell says so.

This barefaced advertising to the profession is a slap in the face and an insult to the physician's intelligence. The presumption of these commercial manufacturers is galling and it is a direct affront to any man who considers himself a doctor.

Let us see how the credulity of people may be used to advantage by the ethical physician. We know that the first requisite to the treatment of disease is rest, physical and mental. The faith in medicines and doctors causes the patient to call his favorite doctor, who, to hear him express it, can almost raise the dead, or whose efforts, if unavailing, would render it useless to call any one else. This helps secure mental rest. The patient may need only mental and physical rest, and, yet, if given a little medicine, even without the expectation of a decided physical effect, he has tangible evidence that something is being done for him, and, under proper dietary measures, proceeds to recovery.

This brings me to the point of why the numerous schools and "isms" have their cures and incidentally succeed financially by a judicious use of this credulity of the public mind. I believe it to be a fact that a large majority of the osteopaths' cases and almost all their cures are functional neuroses, the treatment of which is not medicine, but suggestion. Men and women, after trying doctors and medicines, go to the osteopath with a ready-made diagnosis. They leave their surroundings and

business cares to go to the institution, a very important factor in treating neurotic conditions. Next, a neat pretense of a careful examination is made. The clothing is stripped from the back and the fingers run down the spine, locating the tender spots typical of many of these conditions. "Ah!" says the doctor, "You have a spinal lesion. If your doctor had examined your spine, he would have found the cause of your trouble. The spinal nerves, as they pass between the vertebræ are impinged upon, throwing the human economy out of balance."

This learned disquisition usually has the desired effect and a few months' treatment is agreed upon. Then, with all conditions favorable to a cure, confidence established, change of scene, relexation from business, a highly suggestive method of treatment, he proceeds to recovery, and, after a time, comes home snapping his fingers at the M. D. thinking he has found a panacea for all the ills of humanity. Sufferers from organic disease are treated for a while and come home uncured and loath to mention their failure. Thus the many failures are not heard of.

Weltmer, of magnetic healing fame, no doubt made similar cures even by his absent treatment. The Christian scientists have their cures but their "science" does not teach them why. Carson and others of his ilk possibly cure people by force of mind, but certainly not through any physical effects produced by the "medicated" papers he pins to his patients' shirts. The cure, however, is of secondary importance.

Granting that a majority of Still's followers act in good faith, they, nevertheless, claim everything for their method which is based upon a false idea of pathology; and, in their ignorance, they decry therapeutic measures absolutely proven. Located as they are, away from the large centers of population, what opportunities have the originators of these schools to make a practical study of pathology, which is the basis of rational therapy? Their spinal lesion is a myth as subtle as any of the ancient charms, but it works well in functional nerve troubles.

Fellow physicians, we can learn a few lessons from these fellows. A careful separation of the functional neuroses and the application of psychotherapy to the greatest extent admitted by our individual personality will prevent many of our patients from falling into other hands to our chagrin. These troubles are real, though mental, and should not be turned away as lacking consideration.

A decided war has been waged upon various advertising concerns by Mr. Bok, Samuel Hopkins Adams and others, exploiting the fallacies of their specious claims, but we still find people who think that Dr. Hartman has explained their symptoms by saying that everything is catarrh of this or that organ, and peruna is still a very popular medicine. Swamp root advertising has sent many a patient to me with the request to give them something for their kidneys. Inquiry usually revealed the fact that, prompted by this nefarious advertising, they had "examined their own urine" by setting it aside in a warm place for 24 hours when,

noticing a deposit of the alkaline phosphates of a perfectly normal urine, they are led to believe their kidneys are affected.

A few instances to show the methods of the advertising specialist who guarantees his cures may be pardoned in this paper.

After transacting a business in the East, a resident of this county on his return stopped at Columbus, O., suffering from what he supposed was an asthmatic attack. A cab driver approached him and said: "Mister, you need a doctor." This was evident and he was directed to a doctor about two blocks away, who sprayed his throat and lungs with a nebulizer and relieved his breathing. A minute examination of his lungs revealed the fact, so-called, that he had incipient consumption, but that the doctor could cure him and would guarantee to do so for $100. The gentleman had felt that his health had failed for some time and was impressed by the relief he had obtained, but told the doctor he could not spare so much money at that time. Upon this the doctor agreed to accept $10 down and $75 more when the cure was complete, which was to be within three months. This was a successful and shrewd business man, but when he left that doctor's office, he had contracted on a printed blank to take the medicines, which were to be sent by express C. O. D., faithfully as directed and correspond once a week to let the doctor know the progress of the case, the latter guaranteeing to refund the money if no cure was made. At the same time he had given his note for $75.

He had written complaining that he was not improving, in fact, was getting worse, and wanted his note returned, but the reply was that the doctor was willing to stand to his agreement and expected the patient to fulfill his.

I was called to see him. Stiffened arteries, irregular heart action, increased pulse tension, and urinary findings led me to diagnose his case chronic interstitial nephritis. His lung trouble was an accompanying bronchitis. He told me his story as he was anxious to fulfill his contract and get his note returned. Thinking over the matter, I advised him to stop the treatment and go to the bank and see if his note was there for collection. He found it awaiting him; and, as the expense of bringing suit on his contract in a distant state rendered it out of the question, he paid it.

Another instance. A lady with gall stones, diagnosed by several prominent physicians, received a letter from a gall stone specialist of Excelsior Springs saying her name had been handed him by her friend Mrs. ————. He said: "If you have gall stones, I can get them without resort to the knife by means of medical treatment which will dissolve them. Send $5 for the medicine and $20 or $30 more later on as you think you are benefited.

This lady showed me the letter and asked me if I did not think the proposition fair enough. I asked her if the doctor knew if she had gall stones or not. She acknowledged he did not. "Yet," I replied, "he

is willing to treat you for such without seeing you and, as far as he is concerned, it is immaterial; for, if he can persuade enough people to send him $5 for a few boxes of pills, he is ahead; and, in some cases, too, he may receive the $20 or $30. She thought over the matter and next day told me she declined the proposition. This fellow was rather more modest than the average fake.

It is galling to see people the dupes of these charlatans; yet I do not think this or the habit of stomach drugging by patent medicines lessens, to the extent of a nickle, the income of the faithful home doctor who braves the weather to take care of his people.

Then, why wage war? Simply this: It is an evil. The people suffer the loss of money, the blasting of hopes, and, what is of more importance, the loss of time, which in many cases is invaluable.

The profession has always stood for humanitarianism, and to-day the rank and file are seeking by every means to lessen the necessity for their services at the bedside. Quarantine measures are executed indirectly by the police powers of the State, but directly by the State boards of health and the physicians themselves.

Malaria is being eleminated through a knowledge of its source. The specter of yellow fever no longer haunts the semi-tropics. Cholera is almost a thing of the past, and tuberculosis, that scourge of humanity, bids fair to cease from troubling the human race.

To further this cause, the physician is unselfishly seeking to educate people above mysticism and superstition. Great strides have been made in recent years in the enactment of laws protecting the people from charlatans, patent medicine vendors, and incompetents. There yet remain measures to protect people from themselves. They eat too much and too hurriedly, and at irregular hours. They sleep in ill ventilated homes afraid to breathe the outside air for fear of "taking cold." This civilized age has almost turned night into day, and the ceaseless grind promises to sap our country of its nerve energy. When sick, many "doctor" too much. I sometimes think one of our functions is to keep people from taking too much medicine. With these great problems before us, let us physicians, if we have fallen victims of the wily manufacturer, who presumes to tell us how to treat our sick, hark back to first principles. Let us study the pathological condition present and treat the sick man, not the disease, according to his needs. Let us endorse the work of the Council on Pharmacy of the American Medical Association, which has been an eye opener for the profession, and that of the Ladies' Home Journal, Collier's, and other publications, which has been the same to the public.

In conclusion, I wish to say to the medical profession and to the laity, do not be imposed upon. A healthy skepticism is a desideratum.

BURN.*

By T. J. Reiley, M. D., West Plains, Mo.

I wish to report a case of severe burn, and the treatment followed, believing that it will be of interest, especially to the general practitioner, as I finally met the indications better than in any previous case, although this was the most severe burn that it has ever been my lot to see, and the patient recovered.

I was called February 12th of last year, to see little Miss L., five years of age, who resided 12 miles in the country in a log house with only fair surroundings. She had been burned several days prior to my visit, the clothing having been mostly burned from her body. I found her swathed in cloths saturated in lard oil as a dressing. When the dressings were removed I found that the burned surface extended from below both knees to the upper border of the scapulæ; all of the surface of each thigh and hip, on the right side extending to the abdomen; the waist line was charred and above this the entire back was burned, but not so severely. She was suffering intense pain and the parents had been trying to keep her quiet by the use of tincture of opium. Her temperature was 103°, pulse 150, respiration very rapid, tongue dry and coated, bowels distended, tympanitic and tender.

I cleansed the surface as well as possible with a warm alkaline solution, using as a dressing linseed oil and lime water, administered calomel, followed by oil and terpin, continuing the terpin, three grains every four hours for 48 hours, and twice daily gave rectal enemas of normal salt solution.

The next day she appeared some better, but the improvement was only temporary; she still suffered severe pain, and had to be kept under the influence of opiates. I continued this treatment for three days, when, upon removing the dressing, the charred tissue separated and came away with it, except on each hip where the burn was so deep that when the tissues did separate a few days later, the great trochanter of each side was exposed.

At this time her condition was much the same as when I first saw her, except the pyemic condition which was worse, her body being covered with small abscesses the size of a hazelnut. I opened 27 at one time. I decided that I would try a picric acid dressing, but the watery solution was so painful that I anointed the entire surface with linseed oil; relief was almost instantaneous. I then decided to use an oily solution which I had made by cutting the picric acid with alcohol and adding

*Read by title in the Surgical Section, Fifty-first Annual Meeting, Springfield, May, 1908.

the oil; after the application of this dressing she soon sank into a peaceful sleep and from this time I had to give no more opiates. The intestinal trouble gradually subsided and the temperature dropped to 99 or 100 in the course of a week; the pulse still remained at about 150 and continued so for several months.

I left these dressings in place for two days, the nurse dressing one side of the body each day, except when we were unable to prevent the dressing being soiled by the calls of nature, at which times they were removed. When the gauze was removed it left the ulcers healthy and perfectly clean, ready for a fresh dressing; there was no separation after beginning the use of the picric acid dressing.

The burns on the back healed in the course of six weeks, and the lower part of the thighs was fairly covered by the middle of May, three months after being burned. By the middle of June the hips were filled out sufficient to try skin grafting, which I did after the method of Reverdin (each hip at this time presented an irregular triangular, ulcerated surface about 6x9x11 inches), and notwithstanding the objections to this method, especially when the surface to be covered is in the region of a joint, it was the best that I could do on account of the great surface to be covered, and the father of the child was the only one to furnish the grafts. I planted about twenty grafts on each hip, the most of which grew and in two months the small islands had nearly covered the ulcers. The grafts were protected by the use of oil silk for three days, then the picric acid dressing was resumed.

In July she was able to stand and walk by using a support and by the first of August she was walking unattended, and now walks and runs as well as she ever did. The cicatrices are fairly smooth and soft and remained fairly sound, only breaking down in two places but these filled and healed rapidly. I have since used the oily solution of picric acid as a dressing for large ulcerated surfaces and have always been pleased with the result.

MIDWIFERY IN ITS RELATION TO ABORTION AND THE LAWS OF THE STATE OF MISSOURI.*

By Wm. B. Winn, M. D., of St. Louis, Mo.

The term "abortion" is used by medical men to signify the emptying of the uterus of the products of conception from any cause whatsoever before the viability of the fetus.

The use of the adjective "criminal," restricts its meaning to any interference with the course of pregnancy, whether the uterus be emptied or not with intent to destroy the product of conception. Therefore, according to the causes of abortion, we classify them as: (1) Spontaneous. (2) Induced (a) legally, (b) criminally.

The law deals only with cases of induced abortion for criminal purposes, and it is only from this standpoint my remarks upon midwifery in this city in connection with abortion must be taken.

Without any outside interference whatsoever it is probable that about one-eighth of all conceptions fail to go to full term, so that when we add to this the constantly increasing loss from induced causes, whether legal or criminal, it is readily seen what an enormous annual destruction of life is chargeable to this cause. This means loss of potential wealth, and the state is at once doubly interested in the subject from a moral and financial standpoint.

The remarkable frequency of abortion, despite constantly increasing penalties of law, is due not alone to disordered sociological conditions, but to: (1) The increased ease, facility and even comparative safety with which it may be carried out through modern antiseptic procedures, by the merest tyro in the art.

(2) To failure of the State law to place midwives and schools of midwifery under proper supervision.

(3) The shameless publication, despite every appeal for decency, of advertisements giving information as to abortifacients or the addresses of those openly engaged in the practice of abortion.

So long as man and woman are mortal, so long as passion, pleasure and pain control the human impulse, just so long will this evil traffic exist. We can never hope to stamp it out completely, but even with the loss of fear of post-abortive complications, through discoveries of modern science, control of the remaining factors will drive the disreputable business to such straits of existence that it can be carried on only by secret information and at such constantly increasing price as the greater hazard will demand.

*Read before the St. Louis Medical Society, November 24, 1908.

As late as two years ago the daily papers teemed with the advertisements of these parasites,—vampires upon the misfortunes or selfish instincts of misguided men and women; some open, others thinly veiled, to add to the charm of secrecy, but all disgusting to the moral appetite of the virtuous, right minded citizen.

Firmly confident that the business of these people could not be made profitable except through such publicity, I at once set about, under instructions of the health commissioner, to suppress or totally curtail their right to insult decency and the law by an appeal to the postmaster general and to the civic pride of such papers as carried these advertisements. Already golden fruit is being borne of the effort, as evidenced by the strenuous fight these violators of law and decency have made to retain their heretofore unrestrained liberty. Gradually the lines have been drawn tighter and tighter, so that to-day few remain to shock the eye of decency.

To succeed, however, I was forced to conduct a long series of investigations proving the criminality of these people and to present it to the Government for its consideration. The ruling of the Postmaster General relative to the mailing rights of newspapers carrying advertisements as to where abortifacients or criminal operations could be had, was the result of these inquiries.

On the 15th day of November, 1907, this order of the Postmaster General, supporting my position, was severally served upon every newspaper in the city, since which time I have had only to secure evidence of criminality to suppress the advertisement of others than those originally named in the order of the Postmaster General without the necessity of carrying the matter to his final adjudication on the individual merits of each case.

The denial of the right of publicity to such advertisements has then done much to suppress the illegitimate business and the Postmaster General and daily press deserve our thanks.

However, the real evil lies in the power of the State to remedy, and it is to this end I call your attention to the facts and ask your support in the passage of proper laws regulating midwifery in this State.

The licensing of midwives under present regulations is simply to legitimize abortion. Indeed, to my notion, the unrestrained liberty of one woman to attend another in confinement is simply a relic of barbarism, against which the better judgment of man has not yet been able to contend through silly sentiment, though it has cost us thousands of lives which might otherwise have brightened our homes at the fireside and enriched the State in public usefulness.

I make this statement advisedly, knowing that I will be criticised, but any man occupying my position for two years and who has carefully studied the facts as presented to him will condemn the further licensing of midwifery in this State, except as a distinct branch of medicine and surgery under the most rigid rules of efficiency and proper supervision.

My original investigations, intended only to rout the "advertising abortionists," brought me eventually into closer contact with the whole business of midwifery in the city, and I am free to confess that I know of no businness, trade or profession involving so much risk to life, about which fewer restrictions of law have been placed.

As the law stands upon our statutes, there are no requirements of preliminary training, no restrictions as to moral standing and absolutely no supervision by the State Board of Health over schools purporting to issue diplomas of efficiency in this important branch of medicine.

All the laws of this State touching upon the status of the midwife may be found in the Sessions Acts of 1874, 1877, 1883 and 1901.

In the Sessions Acts of 1874, page 111, there was passed an act entitled, "An act to regulate the practice of Medicine and Surgery in the State of Missouri," in which it was provided that *thereafter* it should "be unlawful for any person to practice medicine or surgery in this State" without having received the degree of Doctor of Medicine from some medical college or university. There then follow certain provisions for the licensing and registration of all persons desiring to practice medicine and surgery in Missouri. In this act, however, it is expressly stipulated (Section 6) that "This act shall not be so construed as to prohibit any woman from practicing midwifery and securing pay therefor without such registration or diploma."

In the Session Acts of 1877, entitled "An act to regulate the practice of Medicine and Surgery in the State of Missouri," substantially the same requirements are set out as in the act of 1874, and here again (Section 5) is appended the express stipulation that any woman shall not be restrained from the right to practice midwifery and receive pay therefor without the necessity of registration or filing any diploma.

Section 9 repealed the entire act of 1874. This remained the law until 1883 when there was passed "an act to regulate the practice of medicine and surgery in the State of Missouri."

Section 1 of the act, regulating the practice of medicine and surgery, provided that every person practicing medicine and surgery in any of their departments, should be a graduate of some legally chartered medical institution, or in lieu thereof pass a satisfactory examination before the State Board of Health, created for the first time at the same session by an act specifically defining its powers and duties.

All previous acts or parts of acts inconsistent with the Act of 1883 were repealed and absolutely no mention of midwifery was made, except in so far as it may have been construed to be a department of medicine and surgery.

Acting on the assumption that it was and that all women then practicing midwifery were properly equipped mentally and morally to assume the obligations and responsibilities of an obstetrician, the State Board of Health at once commenced the issuing of licenses to these

people which were then in turn properly recorded in this department, and licensed midwifery for the first time became a fact.

It was not until the year 1901, however, that the term "midwifery" was expressely used in the medical practice acts of this state. In the Sessions Acts of that year was enacted "An Act to Regulate the Practice of Medicine, Surgery and Midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof."

Section 10 of this act deals exclusively with midwifery and is as follows:

> "It shall be unlawful for any person to practice midwifery in this State before receiving a license to do so. Every person desiring to practice midwifery as a profession shall make application to the State Board of Health for examination and pay a fee of five dollars. And upon passing an examination satisfactory to the said Board upon the subject of obstetrics shall receive a license to practice as above provided. * * * * And any person practicing midwifery as a profession * * * * without first obtaining the license aforesaid * * * * shall be deemed guilty of a misdemeanor, etc. Nothing in this section shall be so construed as to require women practicing midwifery to obtain a license when said women do not practice midwifery as a profession and do not make any charges for their services."

It will be noted in passing that while this act placed requirements for preliminary training, moral standing, etc., upon applicants for license to practice medicine and surgery, absolutely on provision was made for either in determining the qualifications of any woman desiring to practice midwifery.

Section II repeals the act of 1883 under which licenses had been arbitrarily issued to midwives by the State Board of Health, leaving the whole subject in a state of chaos and uncertainty as to the standing of these licentiates. Up to this time there were several theories as to the status of the midwife, none of which, however, has ever been put to the test of final decision in the courts of this State. One was that the law of 1883 regulating the practice of medicine and surgery "in *any* of their departments" had the effect of abolishing the practice of midwifery altogether.

A second theory was that the law of 1883 impliedly gave the State Board of Health the power to license midwives because midwifery is admittedly a department of medicine and surgery.

The third contention was that midwifery being a distinct science was not embraced in the term "medicine and surgery in any of their departments," as used in the act of 1883, and that, therefore, the status of midwives under the provisions of the Act of 1874 was not in any way disturbed.

Assuming that the action of the State Board of Health was legal and that they had authority to issue such licenses under the act of 1883 because midwifery is an acknowledged department of medicine and surgery, it still leaves in doubt as to whether or not under the act of 1901, which repealed all previous law on the subject, midwives so licensed should not be required to re-register by examination if they desired to continue in the practice of midwifery.

However, whatever construction is given the effect of the law of 1901 on the status of midwives, the law itself governing the issuance of new licenses is far from satisfactory. Aside from failure to incorporate evidence of good moral character and preliminary training under some reputable school of midwifery as in the case of physicians desiring to practice medicine and surgery, thereby giving the State Board of Health supervision over the school itself as well as the candidate for admission to practice midwifery, the law is still unsatisfactory in that it does not provide a penalty for holding out or advertising as a midwife, when in fact they have no authority as such or have even been denied the right to engage in such practice by the State Board of Health under the medical practice act (Sessions Act 1907, Section 5, Approved March 22, 1907).

Any person not properly licensed, holding himself out or advertising as a physician, does so in violation of the law and can be punished accordingly. Not so, however, in the case of midwifery. Here the actual practice of midwifery must be proved and in addition thereto that compensation was received.

The requirement that applicants to practice medicine and surgery in this state must produce evidence of good moral standing, be graduates of accredited high schools or colleges, and also have received a diploma from a reputable medical college of a full four years course, thus giving the State Board of Health supervision over the school itself, has done much to raise the standard not only of education and fitness, but of moral excellence among physicians, while whosoever will, may conduct a school of midwifery in whatever manner they may desire and turn out graduates regardless of either moral or mental equipment.

Among the States which have recently enacted new medical practice acts or amended old ones may be mentioned Oklahoma, Michigan, Illinois, Vermont and Wisconsin.

The Oklahoma Sessions Act of 1907-8 entitled "An Act Regulating the Practice of Medicine and Surgery," is a very extensive one, particularly defining the duties and powers of the State Board of Examiners, preliminary requirements of applicants for physicians' licenses, the meaning of unprofessional conduct for which such licenses may be revoked, etc.

The midwife, however, is entirely slighted with the following exception—"provided that nothing herein contained shall be construed as to prevent midwives from practicing in cases of emergency." The same questions would arise here as in this State, previously to the law of 1901. Did the legislators of Oklahoma intend to prohibit the practice of midwifery,

but allow them to act as midwives, in cases of emergency only, or did they intend to allow midwives to practice their profession without license, and in cases of emergency to practice medicine also.

Illinois in 1907, Vermont in 1906, Wisconsin in 1907 and Michigan in 1907, all have made changes and additions to their medical practice acts. Nowhere in the titles of any of these acts is the word midwife or midwifery found. The same ambiguities that exist in the Oklahoma law are found in others. A part of the late Michigan law reads as follows—"All men or women who wish to begin the practice of medicine or surgery in any of its branches, etc." Michigan only, of the many states corresponded with, makes no distinction as between physicians and midwives, the State Board of Health enforcing upon each exactly the same requirements for license.

It is interesting to note in this connection that the amended law of 1907 of that State is practically the Missouri law of 1883, under which the State Board of Health first issued licenses to midwives. The two boards have taken therefore exactly opposite views of the meaning of the words, "in any of its branches."

These constant evasions of the absolute necessity for regulating midwifery plainly indicates that legislators of other states than our own are occasionally reminiscent of the days when, although rulers of the earth, they were "persona non grata" in the sick room and sat helpless midst a band of old women holding the fate of wife and child in the hollow of their hands.

The legal standing of midwifery therefore remains unsettled so that it can be definitely said that midwifery is not a distinct science, but a department, and only a department of medicine and surgery. According to the better reasonings it would, and the courts would most probably so hold; but there is sufficient doubt to make it advisable in all cases to settle the question by positive statutory regulations.

Another reason that would call for prompt statutory regulations is the extent of the business being done by untrained and unqualified midwives. A careful review of the records of the Health Department of this City for the past five years, shows that 52 per cent. of the business is done by 320 midwives, of whom only about 65 have any considerable business, leaving the remaining 48 per cent. to be divided among some 1800 duly qualified physicians.

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ADDRESS ALL COMMUNICATIONS TO METROPOLITAN BUILDING, ST. LOUIS, MO.

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EDITORIAL

THE STATUS OF THE MEDICAL BILLS IN THE LEGISLATURE.

The status of the medical bills now before the Legislature may be regarded as satisfactory to the organized medical profession of the State. This announcement will come as welcome tidings to those members who have used their influence to strengthen the efforts of the committee on public policy and legislation, towards securing favorable action upon the medical bills now in both branches of the General Assembly. To very many members, particularly to the older members of the Association, the fact, that we can speak so encouragingly concerning the progress of the bills, has a wider and deeper significance than is apparent to the younger generation of physicians.

Whilst it is true that the medical bills now pending have reached their present stage in the calendar of the General Assembly only through the intelligent, constant and united efforts of the members of the medical profession and their friends, it is a fact that the opinions of medical men have been received with such measure of respect and consideration as to make it evident that the law makers have abandoned that attitude of indifference, and even of hostility, which was such a pronounced characteristic of Legislatures towards physicians in the past, when the medical profession endeavored to secure the passage of measures appertaining to the practice of medicine. Of course the measures must possess the merit of affording greater protection of the health of the people, or otherwise conserve the welfare of the commonwealth, in order to receive any consideration; but what measure was ever intro-

duced by the profession which did not have these objects for its fundamental basis?

We must not, however, permit ourselves to rest content with what has been accomplished; there is still much more to do before the bills come up for final action. Particularly is this true of the House of Representatives where antagonistic interests have been able to delay favorable consideration upon the medical bills. We urge all members, therefore, to communicate with their representatives at once, and bring to bear all the influence they can to induce favorable action in the House of Representatives on the medical bills having the approval of the State Board of Health or State Committee on Public Policy and Legislation.

MEDICAL HYENAS.

The recent exposures of the nefarious practices of the medical hyenas—those outcast fellows who trail upon the flanks of legitimate medicine—should stir our legislators into framing laws for the protection of the sick and afflicted which would stop forever all such artifices. More fiendish than ghouls, who rob the dead, the medical hyenas prey upon the sufferings of the living, stealing their money while robbing them of all chance of being cured of their maladies. The ghoul is shot when discovered in his depredations, but the medical hyena consults a lawyer when the light of publicity reveals his duplicity.

But even exposure of the fradulent character of his acts often fails to accomplish his annihilation, for the peculiar working of a defective law, when juggled by the chicanery of some legal lights, throws the cloak of protection upon this offender against society. This is never better evidenced than when the State Board of Health cites licensed physicians, whose practices, nevertheless, place them in the medical hyena class, to appear for trial for revocation of their licenses. An especially glaring instance of the ineffectiveness of our laws as applied to illegal practitioners, happened recently in Kansas City when the State Board of Health cited two notorious physicians to appear before it for trial; but, although these persons were under indictment for illegal acts, the board was temporarily restrained by order of court from proceeding in the trial to revoke the licenses, on the ground that the criminal proceedings against the defendants had not been disposed of, and might be prejudiced by a decision of the board against the defendants. To the legal mind this may appear as a happy application of the law, but to the poor sufferer who has been led, through the machinations of medical hyenas, into vices that sap his mental and physical vigor, it must seem nothing less than a miscarriage of justice.

ITINERARY FOR DR. McCORMACK.

Dr. McCormack's visit in the State will begin at St. Joseph on May 3d. After giving an address in that city, he will proceed to Maryville and follow the schedule published below as nearly as possible. It may be necessary to make some changes in the schedule, and any information concerning this can be obtained from Dr. A. W. McAlester, Jr., Bryant Building, Kansas City, Mo., to whom all correspondence regarding Dr. McCormack's visit should be addressed.

The interest that is being aroused among the members in anticipation of Dr. McCormack's tour through the State is a gratifying indication of the enthusiasm that our members feel in regard to the work of the Association. We fear that some societies now anxious to have the Doctor address them will be disappointed since there have been so many requests for his presence, but every effort will be made to include all societies that wish to entertain him.

Local societies should be prepared to receive Dr. McCormack upon his arrival and have all arrangements for the meeting fully completed and the announcement of his visit well advertised to both physicians and the general public.

Dr. McCormack will be in the following places on the dates named and deliver an address in the evening at 8 o'clock.

The local committees will arrange for morning or afternoon meetings.

Town.	Railroad.	Leave.	Town.	Arrive.	Date.
St. Joseph....	Burlington,	10:00 A. M.,	Maryville,	Noon,	Mon., May 3.
Maryville.	Wabash,	11:35 A. M.,	Gallatin,	2:10 P. M.,	Tues., May 4.
Gallatin.	Wabash,	2:10 A. M.,	Chillicothe,	2:52 P. M.,	Wed., May 5.
Chillicothe. . ..	Burlington,	11:50 A. M.,	Macon,	1:37 P. M.,	Thurs., May 6.
Macon.	Wabash,	2:45 P. M.,	Kirksville,	3:57 P. M.,	Thurs., May 6.
Kirksville.	Burlingon,	6:20 A. M.,	Hannibal,	10:55 A. M.,	Fri., May 7.
Hannibal.	Wabash,	10:50 A. M.,	Moberly,	1:25 P. M.,	Sat., May 8.
Moberly.	Wabash,	6:10 A. M.,	Columbia,	8:10 A. M.,	Sun., May 9;
or Moberly . ..	Wabash,	10:05 A. M.,	Columbia,	1:30 P. M.,	Sun., May 9.
		Spend Sunday in Columbia.			
Columbia. . ..	M. K. & T.,	3:10 P. M.,	Sedalia,	6:25 P. M.,	Tues., May 11.
Sedalia.	Mo. Pacific,	2:55 P. M.,	Lexington,	5:25 P. M.,	Wed., May 12.
Lexington. . . .	Mo. Pacific,	7:23 A. M.,	Kansas City,	9:40 A. M.,	Thurs., May 13.
		Spend 13th and 14th in Kansas City.			
Kansas City. ..	C. M. & St. P.,	9:00 A. M.,	Liberty,	9:45 A. M.,	Sat., May 15.
		Spend Sunday in Kansas City.			
Kansas City. ..	Mo. Pacific,	10:10 A. M.,	Warrensburg,	12:15 P. M.,	Mon., May 17.
Warrensburg. .	Mo. Pacific,	9:27 A. M.,	Jefferson City,	1:00 P. M.,	Tues., May 18.
		Spend 18th, 19th and 20th in Jefferson City.			
N. Jeff. City..	M. K. & T.,	5:07 A. M.,	Clinton,	10:52 A. M.,	Fri., May 21.
Clinton.	M. K. & T.,	10:52 A. M.,	Nevada,	12:25 P. M.,	Sat., May 22.
		Spend Sunday in Nevada or Joplin.			
Nevada.	Mo. Pacific,	5:25 A. M.,	Joplin,	9:00 A. M.,	Sun. or Mon., May 23 or 24.
Joplin.	Frisco,	7:20 A. M.,	Aurora,	11:55 A. M.,	Tues., May 25.
Aurora.	Frisco,	11:55 A. M.,	Springfield,	12:50 A. M.,	Wed., May 26.
Springfield. . ..	Frisco,	12:05 A. M.,	St. Louis,	7:15 A. M.,	Thurs., May 27.
		Spend 27th and 28th in St. Louis.			
St. Louis.....	Trains every hour for St. Charles.			St. Charles, Sat., May 29.	
		Spend Sunday in St. Louis.			
St. Louis.	Frisco,	8:00 A. M.,	C. Girardeau,	12:45 P. M.,	Mon., May 31.

THE OPTOMETRY BILL DEFEATED.

The bill to create a board of examiners in optometry, the provisions of which in effect entitled opticians to practice ophthalmology, was reported unfavorably by the Senate committee on public health and scientific institutions and will not, therefore, be further considered at this session of the Legislature.

The defeat of this bill was accomplished through the earnest work of the members of the medical profession who appeared before the committee to speak against its adoption. The work of these gentlemen was made more effective by the coöperation of some of the opticians of St. Louis and Kansas City, who testified that the optometry bill was a measure which should not be approved, and by the splendid work of Mr. Theo. Hagenow, of St. Louis, who sacrificed his own interests to assist the physicians in presenting effective arguments against the adoption of the bill.

This action reflects great credit upon the intelligence and far-sightedness of the gentlemen who composed the Senate committee on public health and scientific institutions, for the decision to report the bill unfavorably was not arrived at until after a faithful hearing had been granted both the adherents and the opponents of the bill—in fact a rehearing was granted at the request of Mr. Brasfield, who introduced the bill.

In thus deciding against optometry, the committee has earned the thanks of the medical profession, as well as of all the people, for the public health has been truly safeguarded, and the dignity of our calling has thereby been preserved in no small degree.

ST. LOUIS SKIN AND CANCER HOSPITAL.

The work of the St. Louis Skin and Cancer Hospital forms an interesting chapter in the medical life of St. Louis, and promises to bring this institution into as great prominence as a center of research in the study of the cause and cure of this dreadful malady as now attaches to the Rockefeller Institute; and indeed the character of the work already done at the St. Louis Skin and Cancer Hospital has attracted the attention of cancer specialists not only in this country but in all centers throughout the world where the study of cancer has become a recognized specialty, through the scientific publications of the members of the staff. The exhibit of the specimen from the hospital and the report of the work done by its staff, presented by one of its members at the Second Congress of the International Surgical Society, held at Brussels in 1908, where the

subject of cancer was the topic for consideration during the entire session, created much favorable comment. The acetone treatment of uterine cancer, now generally accepted as the best method of treating inoperable cases, was originated by one of the members of its staff, and the use of Lumière's color photography for record of skin diseases, was first practiced in this country at this institution whilst the photographic work of the hospital ranks with the highest quality of work of this kind done anywhere.

During 1908 the number of hospital patients increased 50 per cent., while the number of operations performed showed a similar increase of 50 per cent. This high increase in the number of operations performed for cancerous conditions demonstrates the educational value of this institution in enlightening the public as to the necessity of submitting to surgical intervention at an earlier period of infection than was possible before the aims of an institution of this character were understood.

The announcement is made that post-graduate instruction in cancerous and skin diseases will be given to physicians as soon as the new buildings are erected.

EDITORIAL NOTES

Since the publication of New and Non-Official Remedies, 1909, the Council has acted on the following products:

Articles accepted for N. N. R.:

Brovalol (Schering & Glatz).
Medinal (Schering & Glatz).
Veronal Sodium (Farbenfabriken of Elberfeld Co.).
Agurin Tablets, 5 grs. (Farbenfabriken).
Citarin Tablets, 15 grs. (Farbenfabriken).
Hedonal Tablets, 8 grs. (Farbenfabriken).
Iodothyrine Tablets, 5 grs. (Farbenfabriken).
Novaspirin Tablets, 5 grs. (Farbenfabriken).
Piperazine Tablets, 16 grs. (Farbenfabriken).
Sajodin Tablets, 8 grs. (Farbenfabriken).
Acet-Theocin-Sodium Tablets, 4 grs. (Farbenfabriken).
Veronal Tablets, 5 grs. (Farbenfabriken).

Articles accepted for N. N. R. Appendix:

Tabloid Coffee Mint (Burroughs, Wellcome & Co.).
Maltine (Maltine Co.).

Article reconsidered and rejected:

Migrainin (Koechl & Co.).

MEDICAL BILLS IN THE SENATE.

Below we publish several bills now pending in the General Assembly which are of special interest to the members of our Association. The vital statistics bill (Senate Bill No. 149) is probably the most important of these. This bill has passed the Senate and will come up for consideration in the House in a few days. Senate Bill No. 334, provides that the license of any physician when revoked by the State Board of Health shall stand revoked pending the disposition of an appeal to the courts when such appeal has been resorted to. This bill has also passed the Senate. Senate Bill No. 411 is also an important measure which we hope will be favorably considered.

We urge that all members communicate with the members of the House of Representatives and request their support of these measures, which, if passed, will place Missouri in the rank of States that sedulously guard and preserve the health and welfare of their citizens.

Bills referred to read as follows:

VITAL AND MORTUARY STATISTICS.

Senate Bill No. 149 is an act to provide for the registration of all births and deaths throughout the State.

Section 1. That it shall be the duty of the State Board of Health to have charge of the State system of registration of births and deaths; to prepare the necessary methods, forms and blanks for obtaining and preserving such records and to insure the faithful registration of the same in the registration districts and in the central bureau of vital statistics at the capital of the State. The said board shall be charged with the uniform and thorough enforcement of the law throughout the State, and shall from time to time promulgate any additional forms and amendments that may be necessary for this purpose.

Sec. 2. That the secretary of the State Board of Health shall have supervision over the central bureau of vital statistics, which is hereby authorized to be established by said board, and shall act as State registrar of vital statistics. As secretary he shall receive an annual salary at the rate of twenty-four hundred dollars, payable monthly. The State Board of Health shall provide for such clerical and other assistance as may be necessary for the purpose of this act, who shall serve during the pleasure of the board, and may fix the compensation of persons thus employed within the amount appropriated therefor by the legislature. Suitable apartments shall be provided by the custodian of the capitol for the bureau of vital statistics and the State Board of Health in the state capitol at Jefferson City, which shall be properly equipped with fireproof vault and filing cases for the permanent and safe preservation of all official records made and returned under this act.

Sec. 3. That for the purposes of this act the State shall be divided into registration districts as follows: Each city and incorporated town shall constitute a primary registration district; and for that portion of each county outside of the cities and incorporated towns therein, the State Board of Health shall define and designate the boundaries of a sufficient number of rural registration districts, which it may change from time to time as may be necessary to insure the convenience and completeness of registration.

Sec. 4. That within ninety days after the taking effect of this act, or as soon thereafter as possible, the State Board of Health shall appoint a local registrar of vital statistics for each registration district in the State. The term of office of local registrars, appointed by said board, shall be for four years, beginning with the first day of January of the year in which this act shall take effect, and their successors shall be appointed at least ten days before the expiration of their terms of office; provided that in cities where health officers or other officials are conducting effective registration of births and deaths under local ordinances at the time of the taking effect of this act, such officers shall be continued as registrars in and for such cities, and shall be subject to the rules and regulations of the State registrar, and to all of the provisions of this act. Any local registrar appointed by said board who fails or neglects to discharge efficiently the duties of his office as laid down in this act, or who fails to make prompt and complete returns of births and deaths, as required thereby, shall be forthwith removed from his office by the State Board of Health, and his successor appointed, in addition to any other penalties that may be imposed, under other sections of this act, for failure or neglect to perform his duty. Each local registrar appointed by said board shall, immediately upon his acceptance of appointment as such, appoint a deputy, whose duty it shall be to act in his stead in case of absence, illness or disability, and who shall accept such an appointment in writing, and who shall be subject to all rules and regulations governing the action of local registrars. And when it may appear necessary for the convenience of the people in any registration district, the local registrar is hereby authorized, with the approval of the State registrar, to appoint one or more suitable persons to act as sub-registrars, who shall be authorized to receive certificates and to issue burial or removal permits in and for such portions of the registration district as may be designated; and each sub-registrar shall note, over his signature, the date on which each certificate was filed, and shall forward all certificates to the registrar of the district within ten days, and in all cases before the third day of the following month; provided, that all sub-registrars shall be subject to the supervision and control of the State registrar, and may be by him removed for neglect or failure to perform their duties in accordance with the provisions of this act or the rules and regulations of the State registrar, and they shall be liable to the same penalties for neglect of duties as the local registrar.

Sec. 5. That the body of any person whose death occurs in the State shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, or removed from or into any registration district until a permit for burial, removal or other disposition shall have been properly issued by the local registrar of the registration district in which the death occurs. And no such burial or removal permit shall be issued by any registrar until a complete and satisfactory certificate of death has been filed with him as hereinafter provided; provided, that when a dead body is transported by common carrier into a registration district in Missouri for burial, then the transit and removal permit, issued in accordance with the law and health regulations of the place where the death occurred, when said death occurs outside of the State of Missouri, shall be accepted by the local registrar of the district, into which the body has been transported for burial or other disposition, as a basis upon which he shall issue a local burial permit, in the same way as if the death occurred in his district, but shall plainly enter upon the face of the burial permit the fact that it was a body shipped in for interment,

and give the actual place of death; but a burial permit shall not be required from the local registrar of the district in which interment is made, when a body is removed from one district in Missouri to another in the State, for purpose of burial or other disposition, either by common carrier, hearse, or other conveyance; and no local registrar shall, as such, require from undertakers or persons acting as undertakers any fee for the privilege of burying dead bodies.

Sec. 6. That stillborn children or those dead at birth shall be registered as births and also as deaths, and a certificate of both the birth and death shall be filed with the local registrar, in the usual form and manner, the certificate of birth to contain, in place of the name of the child, the word "stillbirth." The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and, if born prematurely, the period of uterine gestation, in months, if known; and a burial or removal permit in the usual form shall be required. Midwives shall not sign certificates of death for stillborn children; but such cases, and stillbirths occurring without attendance of either physician or midwife, shall be treated as deaths without medical attendance, as provided for in section 8 of this act.

Sec. 7. That the certificate of death shall contain the following items:

(1) Place of death, including state, county, township, city, the ward, street and house number. If in a hospital or other institution, the name of the same to be given instead of the street and house number. If in an industrial camp, the name of the camp to be given.

(2) Full name of decedent. If an unnamed child, the surname preceded by "unnamed."

(3) Sex.

(4) Color or race—as white, black (negro or negro descent), Indian, Chinese, Japanese, or other.

(5) Conjugal condition—as single, married, widowed or divorced.

(6) Date of birth, including the year, month, and day.

(7) Age in years, months, and days.

(8) Place of birth; city or town, state or foreign country.

(9) Name of father.

(10) Birthplace of father; state or foreign country.

(11) Maiden name of mother.

(12) Birthplace of mother; city or town, state or foreign country.

(13) Occupation. The occupation to be reported of any person who had any remunerative employment; women as well as men.

(14) Signature and address of informant.

(15) Date of death, including the year, month, and day.

(16) Statement of medical attendant of decedent, fact and time of death, including the time last seen alive.

(17) Cause of death, including the primary and contributory causes or complications, if any, and duration of each.

(18) Signature and address of physician or official making the medical certificate.

(19) Length of residence at place of death and in State. Special information concerning deaths in hospitals and institutions, and of persons dying away from home, including the former or usual residence, and place where the disease was contracted.

(20) Place of burial or removal.

(21) Date of burial or removal.
(22) Signature and address of undertaker.
(23) Official signature of registrar, with the date when certificate was filed, and registered number.

The personal and statistical particulars (items 1 to 13) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which the death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in the death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the State registrar shall be returned to the physician for correction and definition. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and, if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal. And in case of deaths in hospitals, institutions, or away from home, the physician shall furnish the information required under this head (item 20), and shall state where, in his opinion, the disease was contracted.

Sec. 8. That in case of any death occurring without medical attendance, it shall be the duty of the undertaker to notify the registrar of such deaths, and when so notified the registrar shall inform the local health officer and refer the case to him for immediate investigation and certification, prior to issuing the permit; provided, that when the local health officer is not a qualified physician, or when there is no such official, and in such cases only, the registrar is authorized to make the certificate and return from the statement of relatives or other persons having adequate knowledge of the facts; provided, further, that if the circumstances of the case render it probable that the death was caused by unlawful or suspicious means, the registrar shall then refer the case to the coroner for his investigation and certification. And any coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the name of the disease causing death, or the means of death; causes or violence, and whether (probably) accidental, suicidal, or homicidal, as determined by the inquest; and shall, in either case, furnish such information as may be required by the State registrar properly to classify the death.

Sec. 9. That the undertaker, or person acting as undertaker, shall be responsible for obtaining and filing the certificate of death with the local registrar of the district in which the death occurred, and securing a burial or removal permit, prior to any disposition of the body. He shall obtain the personal and statistical particulars required from the person best qualified to supply them, over the signature and address of his informant. He shall then present the certificate to the attending physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record, as specified in Section

8. And he shall then state the facts required relative to the date and place of burial, over his signature and with his address, and present the completed certificate to the local registrar, who will issue a permit for burial, removal or other disposition of the body. The undertaker shall deliver the burial permit to the sexton, or person in charge of the place of burial, before interring or otherwise disposing of the body; or shall attach the transit permit containing the registration removal permit to the box containing the corpse, when shipped by any transportation company; said permit to accompany the corpse to its destination, where, if within the State of Missouri, it shall be delivered to the sexton or other person in charge of the place of burial.

Sec. 10. That if the interment, or other disposition of the body is to be made within the State, the wording of the burial permit may be limited to a statement by the registrar, and over his signature that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or otherwise dispose of the deceased, stating the name, age, sex, cause of death, and other necessary details upon the form prescribed by the State registrar.

Sec. 11. That no sexton or person in charge of any premises in which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal or transit permit, as herein provided. And each sexton, or person in charge of any burial ground, shall indorse upon the permit the date of interment, over his signature, and shall return all permits so indorsed to the local registrar of his district within ten days from the date of interment, or within the time fixed by the local board of health. He shall also keep a record of all interments made in the premises under his charge, stating the name of the deceased person, place of death, date of burial, and name and address of the undertaker; which record shall at all times be open to public inspection.

Sec. 12. That all births that occur in the State shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 13. That it shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this act, with the local registrar of the district in which the birth occurred, within ten days after the date of the birth. And if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, householder or owner of the premises, manager or superintendent of public or private institutions in which the birth occurred, to notify the local registrar, within ten days after the birth, of the fact of such a birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make a proper certificate of birth; provided, that in cities the certificate of birth shall be filed at a less interval than ten days after birth, if so required by municipal ordinance (or regulations) now in force or that may hereafter be enacted.

Sec. 14. That the certificate of birth shall contain the following items:

(1) Place of birth, including state, county, township or town, village or city. If in a city, the ward, street, and house number; if in a hospital or other institution, the name of the same to be given, instead of the street and house number.

(2) Full name of child. If the child dies without a name, before the certificate is filed, enter the words "died unnamed." If the living

child has not yet been named at the date of filing certificate of birth, the space for "full name of child" is to be left blank, to be filled out subsequently by a supplemental report, as hereinafter provided.

(3) Sex of child.

(4) Whether a twin, triplet, or other plural birth. A separate certificate shall be required for each child in case of plural birth, giving number of child in order of birth.

(5) Whether legitimate or illegitimate.

(6) Full name of father.

(7) Residence of father.

(8) Color or race of father.

(9) Birthplace of father; city or town, state or foreign country.

(10) Age of father at last birthday, in years.

(11) Occupation of father.

Answers shall not be recorded to articles 6, 7, 8, 9, 10 and 11 in case of illegitimate births.

(12) Maiden name of mother.

(13) Residence of mother.

(14) Color or race of mother.

(15) Birthplace of mother; city or town, state or foreign country.

(16) Age of mother at last birthday, in years.

(17) Occupation of mother.

(18) Number of child of this mother, and number of children of this mother now living.

(19) Born at full term.

(20) The certificate of attending physician or midwife as to attendance at birth, including statement of year, month, day and hour of birth, and whether the child was alive or dead at birth. This certificate shall be signed by the attending physician or midwife, with date of signature and address; if there is no physician or midwife in attendance, then the father or mother of the child, householder or owner of the premises, or manager or superintendent of public or private institution, or other competent person, whose duty it shall be to notify the local registrar of such birth, as required by Section 13 of this act.

(21) Exact date of filing in office of local registrar, attested by his official signature, and registered number of birth, as hereinafter provided.

All certificates, either of birth or death, shall be written legibly, in unfading black ink, and no certificate shall be held to be complete and correct that does not supply all of the items of information called for herein, or satisfactorily account for their omission.

Sec. 15. That when any certificate of birth of a living child is presented without the statement of the given name, then the local registrar shall make out and deliver to the parent of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed, and returned to the local registrar as soon as the child shall have been named.

Sec. 16. That every physician, midwife and undertaker shall, without delay, register his or her name, address and occupation with the local registrar of the district in which he or she resides, or may hereafter establish a residence; and shall thereupon be supplied by the local registrar with a copy of this act, together with such rules and regulations as may be prepared by the State registrar relative to its enforcement. Within thirty days after the close of each calendar year each local registrar shall make a return to the State registrar of all

physicians, midwives or undertakers who have been registered in his district during the whole or any part of the preceding calendar year; provided, that no fee or other compensation shall be charged by local registrars to physicians, midwives or undertakers for registering their names under this section or making returns thereof to the State registrar.

Sec. 17. That all superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private to which persons resort for treatment of disease, confinement, or are committed by process of law, are hereby required to make a record of all the personal and statistical paticulars relative to the inmates in their institutions at the date of approval of this act, that are required in the form of the certificate provided for by this act, as directed by the State registrar; and thereafter such record shall be, by them, made for all future inmates at the time of their admission. And in case of persons admitted or committed for medical treatment of disease, the physician in charge shall specify for entry in the record, the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from the individual himself if it is practicable to do so; and when they cannot be so obtained, they shall be secured in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

Sec. 18. That the State registrar shall prepare, print and supply to all registrars all blanks and forms used in registering, recording and preserving the returns, or in otherwise carrying out the purposes of this act; and shall prepare and issue such detailed instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. And no other blanks shall be used than those supplied by the State registrar. He shall carefully examine the certificates received monthly from the local registrars, and if any such are incomplete or unsatisfactory he shall require such further information to be furnished as may be necessary to make the record complete and satisfactory. And all physicians, midwives, informants or undertakers connected with any case, and all other persons having knowledge of the facts, are hereby required to furnish such information as they may possess regarding any birth or death upon demand of the State registrar, in person, by mail, or through the local registrar. He shall further arrange, bind and permanently preserve the certificates in a systematic manner, and shall prepare and maintain a comprehensive and continuous card index of all births and deaths registered; the cards to show the name of child or deceased, place and date of birth or death, number of certificate, and the volume in which it is contained. He shall inform all registrars what diseases are to be considered as infectious, contagious, or communicable and dangerous to the public health, as decided by the State Board of Health, in order that when deaths occur from such diseases proper precautions may be taken to prevent the spreading of dangerous diseases.

Sec. 19. That it shall be the duty of the local registrars to supply blank forms of certificates to such persons as require them. Each local registrar shall carefully examine each certificate of birth or death when presented for record, to see that it has been made out in accordance with the provisions of this act and the instructions of the State registrar; and if any certificate of death is incomplete or unsatisfactory, it shall be his duty to call attention to the defects in the return, and to withhold issuing the burial or removal permit until they are corrected. If the

certificate of death is properly executed and complete, he shall then issue a burial or removal permit to the undertaker; provided, that in case the death occurred from some disease that is held by the State Board of Health to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the body shall be granted by the registrar, except under such conditions as may be prescribed by the State Board of Health. If a certificate of birth is incomplete, he shall immediately notify the informant, and require him to supply the missing items if they can be obtained. He shall then number consecutively the certificates of birth and death, in two separate series, beginning with the "number one" for the first birth and the first death in each calendar year, and sign his name as registrar in attest of the date of filing in his office. He shall also make a complete and accurate copy of each birth and death certificate registered by him in a record book of approved form, to be kept and permanently preserved in his office as the local record of such birth and death, in such manner as directed by the State registrar. And he shall, on the tenth day of each month, transmit to the State registrar all original certificates registered by him during the preceding month. And if no births or deaths occured in any month, he shall, on the tenth day of the following month, report that fact to the state registrar, on a card provided for this purpose.

Sec. 20. That each local registrar shall be entitled to be paid the sum of twenty-five cents for each birth and each death certificate properly and completely made out and registered with him, and correctly copied and duly returned by him to the State registrar, as required by this act. And in case no births or deaths were registered during any month, the local registrar shall be entitled to be paid the sum of twenty-five cents for each report to that effect, promptly made in accordance with this act. All amounts payable to registrars under provisions of this section shall be paid by the treasurer of the county in which the registration districts are located, upon certification by the State registrar. And the State registrar shall annually certify to the treasurers of the several counties the number of births and deaths registered, with the names of the local registrars and the amounts due each at the rates fixed herein.

Sec. 21. That the State registrar shall, upon request, furnish any applicant a certified copy of the record of any birth or death registered under provisions of this act, for the making and certification of which he shall be entitled to a fee of fifty cents, to be paid by the applicant. And any such copy of the record of a birth or death, when properly certified by the State registrar to be a true copy thereof, shall be prima facie evidence in all courts and places of the facts therein stated. For any search of the files and records when no certified copy is made, the State registrar shall be entitled to a fee of fifty cents for each hour or fractional hour of time of search, to be paid by the applicant. And the State registrar shall keep a true and correct account of all fees by him received under these provisions, and turn the same over to the State treasurer.

Sec. 22. That if any physician who was in medical attendance upon any deceased person at the time of death shall neglect or refuse to make out and deliver to the undertaker, sexton, or other person in charge of the interment, removal, or other disposition of the body, upon request, the medical certificate of the cause of death, hereinbefore provided for, he shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than five dollars nor more than fifty dollars.

And if any physician shall knowingly make a false certification of the cause of death, in any case, he shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than fifty dollars nor more than two hundred dollars. And any physician or midwife in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Section 13 of this act, who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this act, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five dollars nor more than fifty dollars. And if any undertaker, sexton, or other person acting as undertaker, shall inter, remove, or otherwise dispose of the body of any deceased person, without having received a burial or removal permit as herein provided, he shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than twenty dollars nor more than one hundred dollars. And any registrar, deputy registrar, or subregistrar who shall neglect or fail to enforce the provisions of this act in his district, or shall neglect or refuse to perform any of the duties imposed upon him by this act or by the instructions and directions of the State registrar, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than ten dollars nor more than one hundred dollars. And any person who shall wilfully alter any certificate of birth or death, or the copy of any certificate of birth or death, on file in the office of the local registrar, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined not less than ten dollars nor more than one hundred dollars, or be imprisoned in the county jail not exceeding sixty days, or suffer both fine and imprisonment, in the discretion of the court. And any other person or persons who shall violate any of the provisions of this act, or who shall wilfully neglect or refuse to perform any duties imposed upon them by the provisions of this act, or shall furnish false information to a physician, undertaker, midwife, or informant, for the purpose of making incorrect certification of births or deaths, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than five dollars nor more than one hundred dollars. And any transportation company or common carrier transporting or carrying, or accepting through its agents or employes for transportation or carriage, the body of any deceased person, without an accompanying permit issued in accordance with the provisions of this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than fifty dollars nor more than two hundred dollars; provided, that in case the death occurred outside of the State and the body is accompanied by a certificate of death, burial or removal, or transit permit issued in accordance with the law or board of health regulations in force when the death occurred, such death certificate, burial or removal or transit permit may be held to authorize the transportation or carriage of the body into or through the State.

Sec. 23. That local registrars are hereby charged with the strict and thorough enforcement of the provisions of this act in their districts, under the supervision and direction of the State registrar. And they shall make an immediate report to the State registrar of any violation of this law coming to their notice by observation or upon complaint of any person, or otherwise. The State registrar is hereby charged with the thorough and efficient execution of the provisions of this act in every part of the State, and with the supervisory power over local registrars, to the end that all the requirements shall be uniformly com-

plied with. He shall have authority to investigate cases of irregularity or violation of law, personally or by accredited representative, and all registrars shall aid him, upon request, in such investigations. When he shall deem it necessary, he shall report cases of violation of any of the provisions of this act to the prosecuting attorney or official of the proper county or municipality, with a statement of the facts and circumstances; and when any such case is reported to them by the State registrar, all prosecuting attorneys or officials acting in such capacity, shall forthwith initiate and promptly follow up the necessary court proceedings against the parties responsible for the alleged violations of law. And upon request of the State registrar, the attorney-general shall likewise assist in the enforcement of the provisions of this act.

Sec. 24. That all laws and parts of laws inconsistent with the provisions of this act are hereby repealed; and no system for the registration of births and deaths shall be continued or maintained in any of the several municipalities of this state other than one provided for and established by this act.

[This bill has passed the Senate.—Ed.]

GIVING STATE BOARD OF HEALTH AUTHORITY TO SUBPŒNA WITNESSES.

Senate Bill No. 150 is an act empowering the State Board of Health to subpœna witnesses and to require the production of books and papers before it.

Section 1. The State Board of Health shall have power to subpœna witnesses and require the production of books and papers before it. When the attendance of any person as a witness may be required a subpœna may be issued by and under the hand of the president, secretary, or a majority of the board; and also requiring any witness to bring with him books and papers.

Sec. 2. Such subpœnas shall be served as provided by law for service of subpœnas of courts of record, and the return thereon shall be prima facie evidence of the facts recited therein.

Sec. 3. Every person who, having been subpœnaed as a witness by the board to give testimony or to produce books and papers upon any matter under inquiry before the board, wilfully makes default, or who, having appeared, refuses to answer any question pertinent to the matter under inquiry, shall be guilty of a misdemeanor and upon conviction therefor shall be fined not less than fifty ($50) dollars nor more than five hundred ($500) dollars, or imprisonment in the county jail not to exceed six months, or both such fine and imprisonment.

[This bill has passed the Senate.—Ed.]

TO PROHIBIT THE PRACTICE OF MEDICINE PENDING APPEAL TO THE COURTS FOR REVOCATION OF LICENSE.

Senate Bill No. 334 is an act to repeal Section 7 of the medical practice act, approved April 4, 1907, and to enact a new section providing for the revocation of the right to practice medicine in this State and procedure thereon.

Section 1. That Section 7 of an act of the General Assembly of this State (approved March 12, 1901) entitled: "An act to regulate the practice of medicine, surgery and midwifery, and to prohibit treating the sick and afflicted without a license, and to provide penalties for the violation thereof," as amended by act of the General Assembly of this State, approved April 4, 1907, be and the same is hereby repealed and a new section to be numbered Section 7 is hereby enacted in lieu of said section so repealed as follows, to-wit:

"Section 7. The board may refuse license to individuals guilty of unprofessional or dishonorable conduct, and they may revoke licenses, or other right to practice, however derived, for like cause after giving the accused an opportunity to be heard in his defense before the board. Habitual drunkenness or excessive use of narcotics or producing criminal abortion shall be deemed unprofessional and dishonorable conduct within the meaning of this section, but this specification is not intended to exclude all other acts for which licenses may be revoked, but any person whose license has been or shall be revoked by the board shall have the right to have the proceedings of said board revoking his license reviewed, on a writ or certiorari by the circuit court of the county in which said board held its session when said license was revoked. Said writ shall issue, upon the petition of the person, whose license shall have been revoked, to said court or to the clerk thereof in vacation of court and shall command the said board, or the secretary thereof, to certify to said court the record and proceedings of said board or a complete transcript thereof pertaining to the revocation of said license. The petitioner for the writ of certiorari shall so set forth the rights of the petitioner, and the injuries complained of by him as to show that the petitioner is entitled to the writ and shall be verified by him. If the proceedings of the board shall be sustained or upheld by the circuit court, its order, decision or judgment revoking said license shall remain and continue in full force and effect. Such license pending said review on certiorari shall stand revoked and so remain until the proceedings of the board relating thereto shall be quashed or otherwise annulled by the circuit court on said writ of certiorari."

PROHIBITING CERTAIN CLASSES OF MEDICAL ADVERTISING.

Senate Bill No. 411 is an act to prohibit certain classes of medical advertising.

Section 1. Any person who shall advertise, in his own name, or the name of another person, firm, pretended firm, association, corporation, or pretended corporation, in any newspaper, circular, or by any other means, the treatment of, curing of, or medicines for venereal diseases, the restoration of lost manhood, or lost vitality, or diseases caused by sexual weakness, self abuse, or excessive sexual indulgence; or who shall advertise, in any manner, any medicine, drug, appliance, or any means whatever, whereby it is claimed that miscarriage or abortion may be produced, or conception prevented; or who shall advertise any place where abortions are or will be produced, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine of not less than one hundred dollars, nor more than five hundred dollars, and imprisonment in the county jail for not less than three months.

FIFTY-SECOND ANNUAL MEETING, JEFFERSON CITY, MAY 18-21, 1909.

PRELIMINARY PROGRAM.

SURGICAL SECTION.

Edward G. Blair, M. D.....Kansas City
"The Treatment of Parenchymatous and Exophthalmic Goitres."
Vilray Papin Blair, M. D.....St. Louis
"The Proper Age at Which to Operate for Clefts of the Hard Palate."
Rodney J. Bunch, M. D.....St. Louis
"Surgical Treatment of Amebic Dysentery by Appendicostomy."
G. Wiley Broome, M. D.....St. Louis
"Compound Fractures and Remote Effects Under Prevailing Treatment."
James Moores Ball, M. D.....St. Louis
"Dr. Adam Hammer, Surgeon and Apostle of Higher Medical Education."
W. H. Coffey, M. D.....Kansas City
"Excision of Lower Part of Rectum." Report of Case.
A. H. Cordier, M. D.....Kansas City
"Neoplasm of the Testicle."
G. W. Cale, Jr., M. D.....St. Louis
"A Case of Congenital Absence of the Gall Bladder, in Which Appendicitis Produced the Symptoms of Gall Stone Disease."
H. S. Crossen, M. D.....St. Louis
"Ectopic Gestation Symptoms in Gonorrhœal Salpingitis Cases."
Jno. McH. Dean, M. D.....St. Louis
"Dysmenorrhœa."
Wm. S. Deutsch, M. D.....St. Louis
"Stunts in Surgery."
Davis Forster, M. D.....St. Louis
"Ovarian Tumor Complicating Pregnancy, With Recovery After Operation."
Robt. M. Funkhouser, M. D.....St. Louis
"Some Remarks Regarding Gall Bladder Disease."
Pinckney French, M. D.....St. Louis
"Abdominal Incision."
George Gellhorn, M. D.....St. Louis
"The Causes of Amenorrhœa."
B. Clark Hyde, M. D.....Kansas City
"Report of a Case of Shoulder-Joint Amputation with Peculiar Sequelæ."
Ernst Jonas, M. D.....St. Louis
"Undescended Testicle and Malignant Degeneration."
Jabez N. Jackson, M. D.....Kansas City
"Membranous Pericolitis."
Walter C. G. Kirchner, M. D.....St. Louis
"Illustrative Cases of Intestinal Obstruction, With Remarks on Diagnosis and Treatment."
T. F. Lockwood, M. D.....Butler, Mo.
"Problems and Possibilities of a Country Practitioner from a Surgical Standpoint."

W. E. Leighton, M. D. ..... St. Louis
"Anæsthesia."

A. B. Miller, M. D. ..... Macon, Mo.
"The Relation of the Physician and Surgeon in Appendicitis Cases."

C. C. Morris, M. D. ..... St. Louis
"Practical Points in Abdominal Surgery."

J. H. Morroway, M. D. ..... Ridgeway, Mo.
"Some Diagnostic Points."

Max W. Myer, M. D. ..... St. Louis
"Regurgitant Vomiting, Due to Unusual Adhesions, Following Gastro-enterostomy with Pyloric Exclusion."

Ernest G. Mark, M. D. ..... Kansas City
"Bladder Stone: Its Diagnosis and Treatment."

C. M. Nicholson, M. D. ..... St. Louis
"A Study of the Action of Scopolamine-Morphine on the Heart, Liver and Kidneys, with a Report of Six Hundred and Fifty Cases of Scopolamine-Morphine Administered as a Preliminary to General Anæsthesia."

Archer O'Rielly, M. D. ..... St. Louis
"Modern Ideas of Chronic Rheumatism."

T. E. Potter, M. D. ..... St. Joseph, Mo.
"Intestinal Obstruction with Special Reference to Paresis of the Bowels."

Louis Rassieur, M. D. ..... St. Louis
"Report of Two Cases of Injury to the Heart."

J. H. Roney, M. D. ..... Lawson
"Skin Stretching and History of Cases."

Francis Reder, M. D. ..... St. Louis
"Remarks on Tumors of the Parotid Gland."

Robert E. Schlueter, M. D. ..... St. Louis
"Remote Effects of Abdominal Injuries."

M. G. Seelig, M. D. ..... St. Louis
"The Physiology of Shock."

Jno. D. Seba, M. D. ..... Bland
"The Open Method of Treating Infected Joints, with Report of a Case."

Wm. W. Stevens, M. D. ..... Kansas City
"Anæsthesia."

C. H. Suddarth, M. D. ..... Smithville, Mo.
"Radical Operation for Hernia; as Seen by the Country Surgeon."

J. H. Tanquary, M. D. ..... St. Louis
"Fracture of the Neck of the Femur."

Luther A. Todd, M. D. ..... St. Joseph
"A Critical Review of a Series of Appendix Cases."

J. S. Wallace, M. D. ..... Brunswick
"Modern Methods in the Surgical Treatment of Rectal Diseases."

C. W. Watts, M. D. ..... Fayette
"Report of a Case of Osteosarcoma."

Charles Hodge Wallace, M. D. ..... St. Joseph
"Unilateral Suppurative Infection of the Kidney."

The following have promised papers, but as yet have not submitted titles:

John Young Brown, M. D. ..... St. Louis
Walter B. Dorsett, M. D. ..... St. Louis
Bransford Lewis, M. D. ..... St. Louis
Fritz J. Moenninghoff, M. D. ..... Kansas City

PRELIMINARY PROGRAM.

MEDICAL SECTION.

J. Nelson Barger, M. D. ..... Albany
"Cretinism; With Report of Case."

B. B. Barr, M. D. ..... Clinton
"Diphtheria; With Report of Case."

E. C. Callison, M. D. ..... Kirksville
Subject to be announced.

W. F. Chaffin, M. D. ..... Raymore
"Traumatic Eye Lesions and No Specialist."

James Q. Chambers, M. D. ..... Kansas City
"Acute Pulmonary Edema with Report of Cases."

Scott P. Childs, M. D. ..... Kansas City
"Malarial Infection in Children."

C. O. Dewey, M. D. ..... Breckenridge
"Progress in Medicine and Surgery."

William Engelbach, M. D. ..... St. Louis
Subject to be announced.

T. F. Frazer, M. D. ..... Commerce
Subject to be announced.

Frederick W. Froehling, M. D. ..... Kansas City
Subject to be announced.

A. L. Gray, M. D. ..... St. Joseph
"Etiology and Treatment of Eclampsia."

G. E. Gwinn, M. D. ..... Bethany
"Catarrh of the Middle Ear."

D. L. Harris, M. D. ..... St. Louis
"Two Cases of Cerebrospinal Meningitis Treated by Flexner's Serum."

E. A. Hoefer, M. D. ..... Higginsville
"The Physiology and Management of the Puerperium."

J. Phillip Kanoky, M. D. ..... Kansas City
"Verucæ Plantares et Palmares."

H. S. Major, M. D. ..... Hardin
Subject to be announced.

John W. Marchildon, M. D. ..... St. Louis
"Serum Diagnosis of Syphilis."

J. W. Marsh, M. D. ..... Tipton
"Ectopic Pregnancy."

J. S. Newlon, M. D. ..... Butler
Subject to be announced.

J. B. Norman, M. D. ..... California
"Emergency Surgery in the Country."

W. A. Patterson, M. D. ..... Tipton
"Scientific Therapeutics."

F. J. Tainter, M. D. ..... St. Charles
Subject to be announced.

I. J. Wolf, M. D. ..... Kansas City
Subject to be announced.

EYE, EAR, NOSE AND THROAT SECTION.

D. C. Adcock, M. D. ..... Warrensburg
"Nasal Obstructions as Causative Factor of Disease of Ear and Throat."

C. Barck, M. D. ..... St. Louis
"My Operation for the Extirpation of the Lachrymal Sac."

Robert Barclay, M. D. ..... St. Louis
"Interesting Problems in Ear, Nose and Throat Practice."

Theodore A. Coffelt, M. D. ..... Springfield
"Irido-Cyclitis."

Fayette C. Ewing, M. D. ..... St. Louis
"Our Overstocked Instrument Case; a Plea for Operative Simplicity in Oto-Laryngology."

John C. Faris, M. D. ..... Pemiscott
"Adenoids."

Hal Foster, M. D. ..... Kansas City
"The Prevention of Ear Disease."

Max Goldstein, M. D. ..... St. Louis
"Lantern Demonstration of Anatomy and Pathology of the Accessory Sinuses."

John Green, Jr., M. D. ..... St. Louis
"The Art of Refraction."

W. Emil Klokke ..... St. Louis
"Ocular Examination as an Aid in the Prognosis of Otitis Media Suppurativa."

P. I. Leonard, M. D. ..... St. Joseph
"Ocular and Aural Prophylaxis."

W. H. Minton, M. D. ..... St. Joseph
"Ocular Diseases Due to Systemic Influences."

C. A. Moore, M. D. ..... Springfield
"Reflex Disturbances of Hypertrophied Turbinates."

C. F. Pfingsten, M. D. ..... St. Louis
"Labyrinthian Affections."

Barton Pitts, M. D. ..... St. Joseph
"Ophthalmological Experience."

W. B. Post, M. D. ..... Carthage
"What Medical Legislation Do We Desire?"

Wm. E. Sauer, M. D. ..... St. Louis
"Otitic Sinusphlebitis and Thrombosis. With Report of a Case of Phlebitis and Thrombosis of Lateral Sinus and Jugular Vein."

H. G. Savage, M. D. ..... Warsaw
"Nasal Obstruction: Some of Its Causes, Effects and Treatment."

Flavel B. Tiffany, M. D. ..... Kansas City
"Glaucoma."

Charles Wyche, M. D. ..... St. Louis
"Inspection of School Children with Special Reference to the Ear, Nose and Throat."

Llewellyn Williamson, M. D. ..... St. Louis
"Penetrating Wounds of the Eyeball."

THE MISSOURI SOCIETY OF MEDICAL SECRETARIES.

PROGRAM.

1. The Missouri State Medical Association: What it Should Mean to Missouri Doctors.....By Dr. W. B. Dorsett, St. Louis
2. What it Should Mean to the State at Large, ...By Dr. M. P. Overholser, Harrisonville
3. Scientific Work in County Societies. By Dr. W. T. Elam, St. Joseph
4. The Social Side of the County Organization, ...By Dr. H. S. Majors, Hardin
5. The Secretary's Work from a Business Standpoint, ...By Dr. E. N. Chastain, Butler
6. How to Interest the Eligible Non-Members in County Society Work and How to Get a Good Attendance at the Meetings, ...By Dr. A. H. Thornburg, West Plains
7. The State Journal: What Is Should Mean to the Individual Members.....By Dr. L. W. Dallas, Hunnewell
8. What the County Secretary Can Do to Make the State Journal a More Forceful Element in Medical Organization, ...By Dr. E. J. Goodwin, St. Louis
9. Prosecution of Irregulars: The Experience of a County Secretary.....By Dr. M. A. Smith, Gallatin
10. The Missouri Society of Medical Secretaries: Its Objects and Its Destiny.....By Dr. A. W. McAlester, Jr., Kansas City

COUNTY SOCIETY NOTES

CHARITON COUNTY MEDICAL SOCIETY.

The Chariton County Medical Society convened in regular session in the office of Dr. J. Franklin Welch, at Salisbury, Mo., Thursday evening, March 11th, 1909.

Members present: Drs. J. H. P. Baker; J. F. Welch, T. J. Banning, J. D. McAdam, H. E. Tatum, J. D. Brummall and C. A. Jennings.

The secretary presented the application of Dr. Otis T. Morey, of Salisbury, Mo., for membership. The censors reporting favorably on the application, Dr. Morey was unanimously elected a member of the Society.

Dr. Welch presented an interesting clinic,—a transverse fracture of the patella in a young man. The patient was taken to a St. Louis hospital and operated upon, the fracture adjusted and sutured with kangaroo tendon, and dressed in a plaster cast; the limb remained in the cast for eleven days and on removal union seemed to be good. The limb was then dressed with a posterior splint. Now eight weeks after operation the patient is going around with comfort limping only slightly. The result was pronounced very successful. After all present examining the patient, they thanked Dr. Welch for presenting such an interesting case.

Dr. G. W. Hawkins read a paper entitled, "Modifications Producable With the Local Application of Dry Hot Air in the Treatment of Sprains," and reported several cases successfully treated by this method. The doctor said that when a case presented, he would take pleasure in explaining the apparatus. During the discussion of the paper the other modes of treatment were brought out such as the use of hot or cold water, adhesive strapping, and rest. The paper was very favorably considered and he received thanks from all members present for presenting the same.

Dr. J. D. Brummall promised the Society that Dr. McCormack, of Kentucky, would deliver two lectures at this place, one to the profession and one to the laity, some time in the near future. Society adjourned to meet in Brunswick, Mo., April 8, 2:30 P. M.—C. A. Jennings, M. D., Reporter.

GASCONADE-MARIES-OSAGE COUNTY MEDICAL SOCIETY.

The Gasconade-Maries-Osage County Medical Society met at Bland, March 4th, 1909.

Dr. Frederick Auf der Heide, of Drake, presented a case of astigmatism; the eyes were tested and properly fitting glasses prescribed. Dr. John D. Seba, of Bland, presented a patient aged 30, who was affiicted with endometritis; the case was examined and the uterus swabbed out with ichthyol. Dr. W. R. Ferrell, of Bland, presented a patient, 27 years old, afflicted with sciatic neuritis; the case was examined and treatment advised. Another patient was presented by Dr. Seba, a case of trachoma in a boy aged 13 years. The case was examined by Dr. Short, who explained the pathology and treatment.

The Society then proceeded to elect the following officers for 1909: President, Dr. John Engelbrecht, Stonyhill; vice-president, Dr. M. E. Spurgeon, Red Bird; secretary-treasurer, Dr. John J. Ferrell, Owensville; delegate to the State Medical Society, Dr. M. E. Spurgeon, Red Bird; alternate, Dr. John Engelbrecht, Stonyhill. As member of committee on censors, Dr. J. W. Burgess, Belle.

Dr. W. F. Byler, Koeltztown, gave a talk on hydatid cyst of the uterus. The subject was discussed by Drs. Short, of Versailes; F. H. Mathews, of Liberty; M. E. Spurgeon, of Red Bird; Frederick Auf der Heide, of Drake; J. J. Radmacher, of Meta; J. W. Burgess, of Belle; C. T. Leach, of Fuersville; S. I. Terrill, of Meta; I. M. Owens, of Beaufort. The meeting then adjourned until 8:00 P. M.

The night session was participated in by the public. Dr. M. E. Spurgeon presided, and introduced Rev. H. Miller, of Bland, who in a few well chosen words bid the visiting doctors welcome to Bland. Dr. Frank H. Mathews, of Liberty, then spoke on the dangers of tuberculosis; he laid particular stress on the fact that tuberculosis was a communicable disease and a preventable disease. He then gave plans for the constructions of sanitary rooms. He urged the enactment of an antispitting ordinance for Bland. Dr. John L. Short, of Versailes, spoke on the subject, "The Proper Care of the Eyes of School Children, and the Use and Abuse of Spectacles."

The philosophy of refraction and the use of lenses were discussed in a manner to be understood by the laity.

Dr. I. M. Owens, of Beaufort, then spoke in a humorous vein, along the lines of first aid to the injured. Dr. Frederick Auf der Heide, of Drake, followed with general remarks about the doctor and his work. A recess was taken during which time luncheon was served by the ladies. After recess a resolution was passed recommending to Governor Hadley the name of Dr. Isaiah M. Owens, of Beaufort, as a suitable person to be given a place on the Missouri State Board of Health. The Society will meet again on the first Thursday in June, 1909.—JOHN D. SEBA, M. D.

LAWRENCE-STONE COUNTY MEDICAL SOCIETY.

The regular meeting of the Lawrence-Stone County Medical Society was held in the Elks' club rooms at Aurora, Mo., Tuesday, March 3, 1909, with all officers and a large percentage of the members present; and the visitors, Drs. J. E. Tefft, N. F. Terry, Garrett Hogg, D. B. Farnsworth, and C. A. Moore, all of Springfield, and Dr. Darrell, of Republic, made an especially interesting meeting.

The first number of the program was the president's address. This was laden with many good things in general, and suggestions along the line of our president's hobby in particular—"Medical Legislation and Medical Economics."

The paper on "Cervical Lacerations," by Dr. J. B. Baird, of Marionville, was one of special merit. Dr. Baird said in part: "Although during the last few years cervical lacerations have received from medical writers and gynecologists, a permanent place in their studies and writings, I believe that we as general practitioners, can with great profit to ourselves and our patients, review again the subject, which I am confident has not received from us the consideration to which it is justly entitled. I certainly do not believe that to the laceration of the aforesaid

cervix should be charged all the ills to which the human flesh is heir, but I do believe that if we fulfill our duty and become competent diagnosticians of those conditions which are directly or indirectly traceable to this very important lesion, the number of suffering women would be greatly decreased, carloads of drugs would be saved that are now administered for ailments that are wrongly diagnosed, an occasional divorce prevented, and the cases of loathsome uterine cancer would be partly or completely eradicated, insane cases decidedly less numerous, and many would be spared a premature death. Such statements may seem too strong, but in my short and rather limited experience, I have observed closely along these lines, and am satisfied in my own mind that I have not overdrawn the consequences."

Dr. Henson, of Galena, read a very interesting paper on the subject of "Malaria." Dr. Henson having lived on the James river for eighteen years, and having seen malaria in all its phases, his paper was very practical. The majority of the physicians of Lawrence county, treating cases of malaria very seldom, discussed the matter more from a theoretical standpoint. Among the chief etiological factors are, condition of water, freshly up-turned soil and the mosquito. One of the noticeable factors emphasized by Dr. Henson, was the observation that the disease had been very rare in his locality until the moving of large quantities of earth in cuts and fills in the construction of the White River Railroad.

In the discussion of this paper Dr. Fleming advanced the theory that the prevalence of malaria in newly settled localities was due to the hardships and lack of conveniences, and that as a country developed, and houses were screened, in screening against flies, you accidently screened against mosquitoes. Dr. Stevenson, in defense of the mosquito as being the chief factor, mentioned the prevalence of malaria on the prairies of Iowa when new soil was being turned, yet mosquitoes in that locality were practically unknown. The subject closed with valuable suggestions along the line of treatment by Drs. Hoffman, Madry and Loveland.

Dr. Holmes, of Marionville, being absent, his paper on "Postpartum Hemorrhage" will be given at the next meeting.

Dr. D. B. Farnsworth presented a paper, especially appreciated by the general practitioner, on the subject of "Glaucoma," with instructions along the line of early recognition, and emphasized the danger of the general practitioner treating so-called "neuralgia of the eye," without making an accurate diagnosis.

Dr. Garrett Hogg, of Springfield, presented a very able paper on "Diagnosis of Diphtheria." This paper was largely along bacteriologic lines and was discussed by Drs. Darrell, Terry, Andrews and Hoffman and others, the discussion finally branching out into the clinical phases of the disease, and the various antitoxins, all the speakers having noticed the decrease in potency within the past few years, and regretted the commercializing of so valuable a product by supposedly reputable manufacturers.

Dr. Garrett Hogg was made an honorary member of this Society.

After the regular routine of business, the Society adjourned to meet at Aurora, Tuesday, June 6, 1909.—J. B. Fleming, M. D., Secretary.

MARION COUNTY MEDICAL SOCIETY.

The Marion County Medical Society held its regular monthly meeting in Hannibal, March 5, 1909, with a majority of the members in attendance.

A report of a typhoid fever case was made by Dr. J. C. Chilton, in which death was caused by shock due to perforation.

Dr. Sanford, of Palmyra, reported the case of a young lady who was fatally burned. The patient had attempted to move a lighted coal oil stove from a room to the porch. A high wind was blowing at the time, caused the flame to ignite her gown. The patient lived 6½ hours, during which time she suffered excruciating agony.

Dr. Bourn reported a case of triplets, two boys and one girl, their combined weight being 17 pounds. Mother and babies are doing well.

Dr. Bounds reported a case of outward displacement of the tibia in a male. Reduction failed to hold the bone in place; a Hodgen splint with 30 pound weight was applied.

Dr. Raxon reported an interesting case of fracture of both bones of the leg two inches above the ankle. Six weeks after the time of injury, blebs appeared which showed little disposition to heal. The interesting point of this case was the late appearance of the blebs.

Dr. Glahn, of Palmyra, and Dr. Winn, of Hannibal, were requested to prepare papers for the April meeting.—I. E. Hill, M. D., Reporter.

MONITEAU COUNTY MEDICAL SOCIETY.

The Moniteau County Medical Society met in quarterly session at Tipton, Mo., Thursday, March 11, 1909.

Memorial services in honor of the late Dr. J. P. H. Gray, of California, Mo., were held. The following subjects were responded to: "Reminiscences," by Dr. J. B. Stewart, Clarksburg; "Dr. Gray, the Physician," by Dr. N. W. Latham, Latham; "Gray, the Citizen and Public Man," by Dr. J. B. Norman, California.

Dr. Latham reported a case of orchitis, which was very interesting and was discussed by all members present.

The following members were present: Dr. H. W. Latham, Dr. J. B. Marsh, Dr. W. R. Patterson, Dr. J. B. Stewart, Dr. H. C. Freudenberger, Dr. J. B. Norman, Dr. J. M. Robertson and Dr. W. G. Wilson.

The next meeting will be held on the second Thursday in June.—H. C. Freudenberger, M. D., Secretary.

ST. LOUIS MEDICAL SOCIETY.

JOINT MEETING OF THE SURGICAL AND UROLOGICAL SECTION, SATURDAY, FEBRUARY 27TH.

Dr. Louis E. Schmidt, of Chicago, in response to an invitation to address the members of the Surgical and Urological Sections, was the guest of the evening and read a paper on the subject of "Extra-Vesical Symptoms in Connection with Diseases of the Bladder." Following the reading of the paper there was an informal gathering at a smoker, which was attended by a large number of the members of the Society.

MEETING OF THE OPHTHALMIC SECTION, WEDNESDAY, MARCH 3D.

The program of the Ophthalmic Section for this evening was made up as follows:

Demonstration of Patient and Specimens, with the Czapski Binocular Corneal Microscope, by Dr. W. H. Luedde; a Clinical Report,

by Dr. Meyer Wiener; a Clinical Report, with Microscopical Demonstration, by Dr. John Green, Jr.

GENERAL MEETING OF THE SOCIETY, SATURDAY, MARCH 6TH.

Dr. R. M. Funkhouser read a paper on the subject of "Gall Bladder Diseases."

The Society adopted resolutions endorsing the medical bills now before the State Legislature, and transacted other business.

MEETING OF THE INTERNAL MEDICAL SECTION, SATURDAY, MARCH 13TH.

Two papers were on the program for this meeting, one by Dr. W. H. Rush under the title, "A Case of Mild Myxoedema of Long Duration," and another by Dr. L. K. Baldauf, entitled "Suggestive Treatment of Spleno-Medullary Leucemia Based on Animal Experiment."

MEETING OF UROLOGICAL SECTION, TUESDAY, MARCH 16TH.

At this meeting Dr. Henry Jacobson read a paper on "Acute and Chronic Prostatitis."

MEETING OF THE OBSTETRIC SECTION, TUESDAY, MARCH 23D.

The following papers were announced for presentation at this meeting: "The Indications for Abdominal Cesarean Section, a Critical Review," by Dr. Hugo Ehrenfest; "Repair After Labor," by Dr. Davis Forster.

Drs. A. G. Wichmann and H. L. Nietert presented a specimen of a uterus with large submucous fibroid, and Dr. Gellhorn demonstrated specimens of necrotic fibroids.

MEETING OF THE OTO-LARYNGOLOGICAL SECTION, WEDNESDAY, MARCH 31ST.

Dr. Hanau W. Loeb presented a specimen showing bilateral bony occlusion of the posterior nares, and another showing frontal sinus, anterior and posterior ethmoid cells extending over the orbital roof. Dr. Greenfield Sluder presented a patient from whom he had removed a tuberculous epiglottis 15 months previously.

GENERAL MEETING OF THE SOCIETY, SATURDAY, MARCH 20TH.

Dr. D. L. Harris read an interesting paper on the subject of "The Dangers of Laboratory Diagnosis, with Especial Reference to the Use of the City Bacteriological Laboratory by the Medical Profession."

The following were elected members at the last meeting of the Council: Dr. William Thomas Coughlin, Dr. Harry Sandperl, Dr. I. D. Kelley, Jr., Dr. Will Bostick, Dr. O. C. Wenger, Dr. Oscar Engelmann, Dr. Orbun T. Moore, Dr. H. McC. Young, Dr. E. H. Bosse, Dr. Meade E. Hagerty.

SHELBY COUNTY MEDICAL SOCIETY.

The Shelby County Medical Society met in Dr. Vaughn's office at Shelbina, March 17.

Dr. Dallas read a paper on "Abortion" and reported a case occurring during an attack of la grippe. The paper was fully discussed.

Dr. Pollard reported a case of severe hemorrhage from hemorrhoids in a woman recently confined. She also had incipient phthisis. He desired the opinion of others as to whether an operation for

hemorrhoids, under these conditions, was justifiable. Discussed by all present.

Dr. Wood reported a case of obscure stomach trouble in which the only symptom was a burning sensation in the stomach and esophagus without reference to time or meals.—A. M. Wood, M. D., Reporter.

WEBSTER COUNTY MEDICAL SOCIETY.

The Webster County Medical Society held its regular meeting at Fordland, March 17th. This was the yearly business meeting in which the fees and other questions of the business side of our profession were discussed and measures suggested for protecting the business interests of the physician.

A number of clinical cases were reported and discussed. Resolutions were adopted requesting our representative and senator in the State Legislature to support the bills that have the approval of the legislative committee of the State Association.

The applications of Drs. Jno. W. Good and S. O. H. Williams, Fordland, were received, and they were duly elected to membership.

Our next meeting will be held at Marshfield in June. This will be an open meeting and the public will be invited to attend and take part in the discussion of questions touching the welfare of the people.—W. R. Beatie, M. D., Secretary.

BOOK REVIEWS

New and Non-Official Remedies. Articles which have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association, prior to January, 1909. Chicago: Press of the American Medical Association, 103 Dearborn avenue. Paper, 25c; cloth, 50c.

This is the first regular edition of the Annual New and Non-Official Remedies, and it contains a list of the remedial preparations approved by the Council on Pharmacy and Chemistry of the American Medical Association. Instead of adhering strictly to an alphabetic arrangement, a classification has been adopted which permits an easy comparison of remedies of similar origin and properties. Mixtures are to be found in the appendix and a number of non-proprietary preparations have been added which, for various reasons, have not been admitted to the Pharmacopeia. The descriptions in the appendix have been made as brief as possible and the articles are classified under the names of the manufacturers. Therapeutic indications are not given, as it is assumed that the physician is able to apply his knowledge of the pharmacologic properties of the ingredients without aid from either the Council or the manufacturer. The non-proprietary remedies admitted to the body of the book are described as accurately and carefully as a painstaking search of the literature would permit.

The descriptions of processes of preparations, chemical and physical, and of the physiologic action, contain much information which cannot fail to be of immense value both to physicians and to pharmacists.

Over 200 different remedies are described, and after mastering the Pharmacopeia the practitioner and the student should become thoroughly familiar with this presentation of the newer materia medica.

A Manual of the Diseases of the Nose and Throat. By Cornelius Godfrey Coakley, A. M., M. D. Fourth Edition, Revised and Enlarged. Lea & Febiger, New York and Philadelphia.

This volume, with its 126 engravings and seven colored plates, with over 600 pages, well arranged and substantially bound, presents to its readers a fund of accurate, concise and classified information, thoroughly up-to-date, upon the diseases of the nose and throat, unequaled by any other volume of like size and scope.

The description of the submucus resection of the septum alone is worth the price of the book. The chapter devoted to "Therapeutic Formulæ," contains much that is valuable to the busy doctor.

This little volume supplies the wants of both the specialist and general practitioner, and should be in the library of every up-to-date physician. T. A. C.

Golden Rules for Dietetics. The General Principles and Empiric Knowledge of Human Nutrition; Analytic Tables of Foodstuffs; Diet Lists and Rules for Infant Feeding and for Feeding in Various

Diseases. By A. L. Benedict, A. M., M. D. Member of American Academy of Medicine, and of American Gastroenterological Association, etc. Author of Practical Dietetics. C. V. Mosby Medical Book Publishing Company, St. Louis, 1908.

This book is a splendid guide for those interested in dietetics. The chapter on "Methods of Cooking" alone is worth the price of the book. The author shows a thorough knowledge of the physiologic chemistry of the body and its requirements for health, strength and longevity.

J. R. B.

Surgery. John Allen Wyeth, M. D., LL.S., ex-President of the American Medical Association, etc., Marion Sims Wyeth Publishing Company, New York City.

The original Wyeth Text Book on Surgery was published twenty-seven years ago, and was followed by two subsequent additions. These books have been standards, and were used throughout the country as text books and works of reference. There has been some changes in the new work which is before us at present, although many of the original illustrations and a goodly portion of the text remains the same. The author's extensive acquaintance and wide reputation will insure a large use of this, his latest book. We do not think this book is much of an improvement over the last edition, which appeared in 1900. This, however, is not saying anything against the book as the former edition ranks high among the one volume text books on surgery, it being only necessary to bring it up to date.

Progressive Medicine, Vol. XI., No. 1, March, 1909. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, assisted by H. R. M. Landis, M. D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Lea & Febriger, Publishers, Philadelphia and New York. Subscription price, $6.00 per annum.

The March number of Progressive Medicine contains 277 pages devoted to the following subjects: "Surgery of the Head, Neck and Thorax," by Charles H. Frazier, M. D.; "Infectious Diseases, Including Acute Rheumatism, Influenza and Croupous Pneumonia," by Robert B. Preble, M. D.; "The Diseases of Children," by Floyd M. Crandall, M. D.; "Rhinology and Laryngology," by D. Braden Kyle, M. D.; "Otology," by Arthur B. Duel, M. D.

The simple announcement of the appearance of articles by authors of the reputation of the above-named contributors is sufficient to create a desire to read what these men have to say upon the subjects treated of. All the articles are prepared especially for Progressive Medicine and are not published elsewhere, hence every number of this excellent periodical is of the highest value to the practitioner who desires to learn the views entertained by men of eminence concerning present day methods of treatment.